## P20000036723

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## **COVER LETTER**

TO: Amendment Section Division of Corporations Frost Point Management, Inc. NAME OF CORPORATION: P20000036723 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Taylor N. Gerhardt Name of Contact Person Frost Point Management, Inc. Firm/ Company 515 N. Flagler Drive, Suite, P-300 Address West Palm Beach, Florida 33401 City/ State and Zip Code Tgerhardt@frostpointcapital.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Taylor N. Gerhardt Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Frost Point Managemen	y filed with the Florida Dept. of State)
P20000036723	y meg with the Florida Dept. of State)
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".	A professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	515 N. Flagler Drive, Suite, P-300
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	
515 N. F.	equiler Drive Scribe P.300
New Registered Office Address: West Palm Be	rach . Florida 3346 . (City) . (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	legistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jone <u>s</u>	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)  1) Change Add	<u>Title</u> V	Name Paul Forberger	Address 515 N. Flagler Drive, Suite, P-300 West Palm Beach, FL 33401
Remove 2) Change Add	PDST	Taylor N. Gerhardt Please only	515 N. Flagler Drive Suite, P. 300
Remove Change Add		Correct Padress.	West Paim Beach, FL 3346
Remove 4) Change Add		Thank you.	
Remove 5) Change Add			
Remove 6) Change Add Remove			

Attach additional sheets	s, if necessary).	icles, enter chan (Be specific)	<del></del>			
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If an amendment prov	ides for an excl	hange reclassifi	estion or cancel	lation of issued sl	hares	
provisions for implem (if not applicable.	nenting the ame	endment if not co	ontained in the a	mendment itself:		
				<del></del>		· <del>-</del>

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	le)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requireme epartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were se	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
October 16	5, 2020	
Dated		
Signature	feelt VI Must 7	
	ifector president or other officer - if directors or officers hav	
	d. by an incorporator – if in the hands of a receiver, trustee, o	r other court
аррог	ted fiduciary by that fiduciary)	
	Taylor N. Gerhardt	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	