P98000033971

(Re	equestor's Name)		
(Ac	idress)			
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(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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Amend

NOV 23 2016

COVER LETTER

Division of Corporations Buchan's Landing Kesort NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: uchan's Landing Resort W-Dearborn St Address Getaway @ buchans. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941) 474-5100 Area Code & Daytime 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

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

BUCHANS	LANDING RESO	RT, INC.		
(Name of Corpora	ation as currently file	d with the Florida Dep	t. of State)	· · ·
P9	8000033971			
(Doc	ument Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florid</i>	da Profit Corporation a	dopts the following an	nendment(s) to
A. If amending name, enter the new name of the	corporation:		•	
N	ÍA		The	e new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the	rp, " "Inc," or "Co".	A professional corpor		
B. Enter new principal office address, if applicat	ole:	NA		
(Principal office address MUST BE A STREET AL		.	-1 23	
				
				Description of the last of the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) (- m
(Mauing address MAT BE A POST OF FICE B	<u> </u>			
			<u> </u>	
				<u>्रा</u>
D. If amending the registered agent and/or registered agent and/or the new registered		Florida, enter the nai	me of the	
Name of New Registered Agent	NIA			
Name of New Negistered Agem	14 [1]			
	(Florida street ade	dress)	<u> </u>	
New Registered Office Address:		·	. Florida	
New Regimerea Office Address.	(City)		_, Florida !Zip Code	,)
N. B				
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		nd accept the obligation	ns of the position.	
	•			
	Alu			
Sis		red Agent, if changing		

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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_Y	Michael Moore	1025 Bay Vista Blud
X Add			Englewood, FL 34223
Remove			
2) Change	*****		WA FE SAME OF THE
Add			
Remove			
3) Change		117.	**************************************
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

<u>f amending or adding additional a</u> Attach <i>additional sheets, if necessa</i> r	v). (Be specific)			
·		NIA		
		10/11		
	·····			
			,	
f an amendment provides for an e	xchange, reclassificati	on, or cancellation of i	ssued shares,	
provisions for implementing the a	mendment if not conta	nined in the amendmen	t itself:	
(if not applicable, indicate N/A)	1 ^		á
	\mathcal{N}	11		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
,				

The date of each amendment(s) adoptio date this document was signed.	n:	MAG	1,2016	, if other than the
Effective date if applicable:				
	(no more that	n 90 days after a	mendment file date)	
Note: If the date inserted in this block document's effective date on the Department			filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
by the shareholders was/were sufficien		The number of vo	ites cast for the amendm	ent(s)
☐ The amendment(s) was/were approved must be separately provided for each v				
"The number of votes cast for the		were sufficient fo	r approval	
by	(voting group)			
	(voting group)			
☐ The amendment(s) was/were adopted b action was not required.	y the board of directo	ors without share	holder action and sharel	nolder
The amendment(s) was/were adopted b action was not required.	y the incorporators w	vithout sharehold	er action and shareholde	:r
Dated	2-16	·		
Signature 2	// MI	10.8		
(B) a director selected by a		the hands of a re	rs or officers have not b ceiver, trustee, or other	
· · ·	<u> </u>		1-	
	AVIOT Typed or printe	Mea	<u> 1 S</u>	
	Typed or print	ed name of perso	n signing)	
<u></u>	76	tle of person sign	Maring)	President
		de of person sign	···s/	