## 751313

•		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
, (Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800261616068

07/11/14--01012--007 \*\*35.00

SECRETARY OF STATE ALLAHASSEE, FLORID

AND AND FILED



Terrace Park of Five Towns #23 9887 4th Street North, Suite 301, St.Petersburg, FL 33702

ayor Name

Payee Name

Check Number Check Date 1000073 07/03/2014

# **Remittance Advice**

Terrace Park of Five Towns #23	Towns #23	<b>Payee Name</b> Florida Dei	<b>yee Name</b> Florida Department Of State	Check Number	07/03/20
ayor Note:					
nvoice Paid:	Account Number:	Amount:	Remittance Note:		
06271435		8			
•					
			•		
Ş					
			er e		
*,					
i	÷			•	
		-			

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ARK OF FIVE	TOWNS, NO. 23, INC.				
DOCUMENT NUMBER: 751313						
The enclosed Articles of Amendment and fee are subr	nitted for filing.					
Please return all correspondence concerning this matte	er to the following:					
Marlene Shaw						
	(Name of Contact Person	)				
Associa Gulf Coast, Inc.						
	(Firm/ Company)					
9887 Fourth Street North	n, Suite 301					
	(Address)					
Saint Petersburg, FL 337	702					
	(City/ State and Zip Code)					
dsolarte@associagulfcoast.com						
E-mail address: (to be used	for future annual report r	notification)				
For further information concerning this matter, please	call:					
Marlene Shaw	<sub>at (</sub> 727	577-2200 de & Daytime Telephone Number)				
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)				
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301				

## Articles of Amendment Articles of Incorporation of

IERRACE PARK OF FI		· · · · · · · · · · · · · · · · · · ·			_		
751313	iy med with the Fior	rida Dept. 01 State)					
	ument Number of Co	rporation (if known)			_		
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat		s, this <i>Florida Not For Pr</i>	ofit Corpo	ration adopts the	following	,	
A. If amending name, enter the new na	me of the corporati	on:					
n/a					The new	,	
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" or	r the abbre	eviation "Corp."			
B. Enter new principal office address,	if annlicable:	n/a					
(Principal office address MUST BE A S					-		
					-		
					_		
C. Enter new mailing address, if appli		n/a					
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	Tira			_		
					_		
					_		
D. If amending the registered agent an	d/or registered offic	e address in Florida, ent	er the nan	ne of the			
new registered agent and/or the new							
Name of New Registered Agent:	n/a						
	n/a						
New Registered Office Address:		(Florida sireei address)		-	<b>-</b>		
	n/a		_, Florida	n/a	SE	14	
	(City)		_,	(Zip Code		]	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			obligation	s of the position.	TARY OF	.   PM	FILED
	Signature of New	Registered Agent, if chang	ing		STA1		

Page 1 of 4

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 X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	MC DERMOTT, FRAN	6070 80TH ST. NORTH
Add			ST. PETERSBURG, FL 33709
X Remove			
2) Change		<del></del>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
· —— -			
Add			
Remove			

If amending or adding additional Articatach additional sheets, if necessary).	(Be specific)
/a	
_ <del>-</del>	

	date of each amendment		, if other than the
	this document was signed ective date <u>if applicable</u> :	6/1/14	
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) opproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	7/1/14	
	Signature	Carol Van Cleave	
	have i	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	<u>C</u>	arol Van Cleave	
		(Typed or printed name of person signing)	
		(Title of person signing)	