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2010 FEB 18 AM 10: 42
SECRETARY OF STATE
TALL AHASSEF FLORIO

DR 2/19/10

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HERITAG	e Village Home	surers Assoc.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
IRENE M. Thornto	ontact Person)	
(Italie of Ci	mater reisony	
(Firm/ C	Company)	
458 Union Street	-	
VPRO BOAL,	71 32966 and Zip Code)	·
For further information concerning this matter, plea	• ,	
REWE W hornton (Name of Contact Person)	at (<u>772</u>) <u>299</u> (Area Code & Daytime Te	6996 lephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depart	ment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment FII -
to ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Heritage Village Home owners Association
(Name of Corporation as currently filed with the Florida Dept. of State)
201
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Philip DRAPFAU
New Registered Office Address: 88 Common wealth] R. (Florida street address)
VEROBEACH Florida 32966 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent if changing

Page 1 of 3

The date of each amendment(s) adoption: 2-10-10
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated Feb 10, 2010 Signature here m Shorrton
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

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