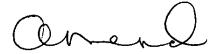
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(Requestor's Name)
(Address)
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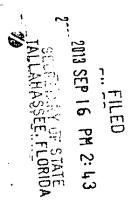
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9/24/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STERLING	MEADOWS PROPERTY	OWNERS ASSOCIATION, INC
DOCUMENT NUMBER: N05000007053	3	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
GUY GABALDON, JR.		
	(Name of Contact Person	1)
G&P ASSOCIATION SERVICES, L	LC	
	(Finn/Company)	
445 DOUGLAS AVE., SUITE #1105	i i	
	(Address)	
ALTAMONTE SPRINGS, FL 32714		
	(City/ State and Zip Code	e)
info@gpmgt.com		
•	e used for future annual report :	notification)
For further information concerning this matter, p	please call:	
GUY GABALDON, JR.	at (407	951-8999
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	rtment of State:
\$35 Filing Fee	Tee & 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		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

FILED

STERLING MEADOWS PROPERTY OWNERS ASSOCIATION, INC. 2813 SEP 16 PM 2: 43 SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA N05000007053 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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. 445 DOUGLAS AVENUE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **SUITE #1105** ALTAMONTE SPRINGS, FL 32714 C. Enter new mailing address, if applicable: 445 DOUGLAS AVENUE (Mailing address MAY BE A POST OFFICE BOX) **SUITE #1105 ALTAMONTE SPRINGS, FL 32714** 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: G&P ASSOCIATION SERVICES, LLC Name of New Registered Agent: 445 DOUGLAS AVENUE (Florida street address) New Registered Office Address: ALTAMONTE SPRINGS Florida 32714 (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. Ory Oak ale of Signature of New Registered Agent, if changing

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	<u>V</u> <u>Mil</u>	<u>n Doe</u> ke Jones lv Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) X Change	<u>VP</u>	PERKINS, STEVE	445 DOUGLAS AVE., STE #1150
Add			ALTAMONTE SPRINGS, FL 32714
Remove			
2) X Change	D	RISH, JAMES	445 DOUGLAS AVE., STE #1150
Add			ALTAMONTE SPRINGS, FL 32714
Remove			
3) X Change	<u>P</u>	NELSON, RACHEL	445 DOUGLAS AVE., STE #1150
Add			ALTAMONTE SPRINGS, FL 32714
Remove			
4) X Change	D	EGLOF, KATE	445 DOUGLAS AVE., STE #1150
Add			ALTAMONTE SPRINGS, FL 32714
Remove			
5) Change	S	ELKINS, CRYSTAL	
Add			
X Remove			
	т	BUESCHER, JESSICA	445 DOUGLAS AVE., STE #1150
δ)Change	1		the state of the s
X Add			ALTAMONTE SPRINGS, FL 32714
Remove			

f amending or adding additional Art httach additional sheets, if necessary).	(Be specific)
	PM-transferred to the control of the
	V
The state of the s	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (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 amend was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	were
Dated $\frac{9112113}{2000000000000000000000000000000000000$	
Signature	ectors
have not been selected, by an incorporator – if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary)	
Rachel Nelson	
(Typed or printed name of person signing) President	
(Title of person signing)	