

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000166599 3)))



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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CHANNING PARK PROPERTY OWNERS ASSOCIATION, INC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

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## COVER LETTER

(((H18000166599 3)))

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:CHANNING	PARK PROPERTY OWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: N06000008963	
The enclosed Articles of Amendment and fee as	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
JENNIFER BADEN	
	(Name of Contact Person)
TRIAD PROFESSIONAL SERVICES	
	(Finn/ Company)
1720 WINDWARD CONCOURSE, SUITE 396	0
	(Address)
ALPHARETTA, GA 30005	
7	(City/ State and Zip Code)
JBADEN@TRIADPROS.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
JENNIFER BADEN	770 777-2091
(Name of Contact Po	
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Ste	the & \$\Bigsquare\$\$ \$\Bigsquare\$\$ \$\Bigsquare\$\$ \$\Bigsquare\$\$ \$\Bigsquare\$\$ \$\Bigsquare\$\$ \$\Bigsquare\$\$ \$\Bigsquare\$\$\$ \$\Bigsquare\$\$\$ \$\Bigsquare\$\$\$ \$\Bigsquare\$\$\$ \$\Bigsquare\$\$\$ \$\Bigsquare\$\$\$ \$\Bigsquare\$\$\$\$ \$\Bigsquare\$\$\$\$ \$\Bigsquare\$\$\$\$\$ \$\Bigsquare\$\$\$\$\$\$ \$\Bigsquare\$
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

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

2018 JUN SUN	LEN
TALLY SECOND 1668	3)))
438EE.F	STATE

(Name of Corporation s	as currently filed with the F	brida Dept. of State)
N06000008963		
(Docume	ent Number of Corporation (i	fknown)
Pursuant to the provisions of section 617.1006, Florismendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation;	
roma must be distinguished by and according to	#	The new
name must be distinguishable and contain the word Company" or "Co." may not be used in the name.	"corporation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	ila:	
Principal office address MUST BE A STREET AD		
	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	
Enter new mailing address, if applicable;		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
. If amending the registered agent and/or registe	arvel affice address in Florid	m untar the mana of the
new registered agent and/or the new registered	d office address:	at enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(	Florida street oddress)
The Heading of Market 1		
-	(City)	, Florida
	,	(Zip Code)
cw Registered Agent's Signature, if changing Registered agent.	gistered Agent:  I am familiar with and acces	of the obligations of the position
	<i>y</i>	and conferment of the position
<u> </u>	Di	
	Signature of New Regi	stered Agent, if changing

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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.

Exemple: X_Change X_Remove X_Add	<u>PT</u> <u>Y</u> <u>S</u> V	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VTD	MIKE BACHMAN	3922 COCONUT PALM DRIVE
Add			SUITE 108
X Remove			TAMPA, FL 33619
2) Change	VTD	CARLOS DE LA OSSA	3922 COCONUT PALM DRIVE
X Add			SUITE 108
Remove			TAMPA, FL 33619
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Remove			
6) Change		the space of the state of the s	
Add			
Remove		Page 2 of 4	

(attach additional alabase of alabase (attach and alabase attach and a	(((H18000166599 3
If smending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
	·
<del></del>	

		JUNE 1, 2018	(((H18000166599 3)))
Th det	e date of each amendment(s) adoption: to this document was signed.		, if other than the
Eñ	fective date if applicable:		
	(H	o more than 90 days after amendment fi	le date)
No doc	te: If the date inserted in this block does cument's effective date on the Department	not meet the applicable statutory filing re of State's records.	equirements, this date will not be listed as the
Ađ	option of Amendment(s)	THECK ONE)	
	The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes of	est for the amendment(s)
	There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The an	nendment(s) was/wore
	Dated JUNE 1, 2018		
	Signature	auh BM	
	THE STORY OF THE SCIENCE	ce chairman of the board, president or or d, by an incorporator — if in the hands of fiduciary by that fiduciary)	her officer-if directors a receiver, trustee, or
		ANTHON BURDETT	
		(Typed or printed name of person s	igning)
		(Title of person signing)	