N1300003259

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
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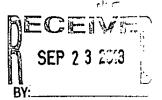
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TALLANTISSTELTLORIDA

13 SEP 30 PM 3: 02

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2013

DOMINGO SANCHEZ TITAN MANAGEMENT 1631 EAST VINE STREET, SUITE #300 KISSIMMEE, FL 34744 US

SUBJECT: NOVA PARK HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N13000003259

We have received your document for NOVA PARK HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

If there are <u>MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are <u>NO MEMBERS OR MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tima D. 通道er A Regulatory Specialist

RECEIVE 3 SEP 30 AM Letter Number: 313A00021595

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NOVA PAR	K HOMEOWNER	RS ASSOCIATION, INC.
DOCUMENT NUMBER: N1300000	3259	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	ntter to the following:	
Domingo Sanchez		
	(Name of Contact Person	1)
Titan Management		
	(Firm/ Company)	
1631 East Vine Street S	Suite#300	
	(Address)	
Kissimmee, FL 34744		
	(City/ State and Zip Cod	e)
info@titanhoa.co		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Domingo Sanchez	_{at (} 407	705-2190
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Statu	& \$\subseteq\$\$\\$\\$\$ 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	Amenc Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED
SECRETARY OF STATE
TALLATAGSES, FLORIDA

13 SEP 30 PM 3: 02

NOVA PARK HOMEOWN (Name of Corporation as currently t			
N13000003259	med with the Flor	ida Dept. of State)	
(Docum	ent Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For Profit Corp</i> e	oration adopts the following
A. If amending name, enter the new name	e of the corporati	on:	
			The new
name must be distinguishable and contain th "Company" or "Co," may not be used in th	e word "corporati <u>e name</u> .	ion" or "incorporated" or the abbr	eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		Titan Management	
(Principal office address MUST BE A STR		1631 East Vine Street Suite#300	
		Kissimmee, FL 34744	
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF	ble: <u>FICE BOX</u>)		
D. If amending the registered agent and/o new registered agent and/or the new re			me of the
-	Titan Manag		
<u>Name of New Registered Agent.</u>	·········	Vine Street Suite#300	- .)
New Registered Office Address:		(Florida street address)	-
·· <u> </u>	Kissimmee,	, Florida	34744
	(City)		(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	ed agent. I am fan	niliar with and accept the obligation	ns of the position.
•	Signature of New	Registered 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 X Remove X Add	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DP	Gargasz, Nick	1631 East Vine Street
Add			Suite#300
Remove			Kissimmee, FL 34744
2) Change	DV	Camp, Jeremy	1631 East Vine Street
X			Suite#300
Remove			Kissimmee, FL 34744
3) X Change	DST	Rabatin, Roberta	1631 East Vine Street
Add			Suite#300
Remove			Kissimmee, FL 34744
4) Change	<u>D</u> .	Allen, Justin	
Add			
X Remove			<u> </u>
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

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	e date of each amendment this document was signed		, if other than the
Effective date if applicable:		9/1/13	
		(no more than 90 days after amendment file date)	_
Adı	option of Amendment(s)	(CHECK ONE)	
=	The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes east for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
	Dated	9/26/13	
	Signature		_
	have n	chairman of vice chairman of the board president or other officer-if directors of been selected, by an interporator – it in the hands of a receiver, trustee, or court appointed (iduciary by that fiduciary)	
	Jeremy	Camp	
		(Typed or printed name of person signing)	
	<u>VP</u>		
		(Title of person signing)	