N14000000317

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section
Division of Corporations

V

Division of corporations	
NAME OF CORPORATION: Abby G	Blenn Neighborhood Association, Inc.
DOCUMENT NUMBER: N14000	000317
The enclosed Articles of Amendment and fee a	
Please return all correspondence concerning thi	nis matter to the following:
Lisa Bianchi	
	(Name of Contact Person)
KB Home Jacksonvill	le LLC
	(Firm/ Company)
10475 Fortune Parkw	vay, Ste. 100
	(Address)
Jacksonville, Florida	32256
	(City/ State and Zip Code)
	ome.com be used for future annual report notification)
For further information concerning this matter,	, please call:
Lisa Bianchi	_{at} 904 596-6676
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount n	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of S	Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional copy is Enclosed) S52.50 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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Abby Glenn Neighborhood As	sociati	ion, Inc.				
(Name of Corporation as currently filed wi	th the Flo	orida Dept. of State)		•		
N1400000317						
(Document Nu	mber of Co	orporation (if known)		-		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit Corpor	ution adopts the	following	;	
A. If amending name, enter the new name of the	corporat	ion:				
Abby Glen Neighborhood Asso	ciation	n, Inc.		The new		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corpora		iation "Corp." e			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		<u>n/a</u>		_		
(Timeput Office dudress MOST BEASTREET A	DDKESS ,	,		-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	DOV)	n/a		SEC	14 J	•
(Mutting address MAT BE A FOST OFFICE)	<u>50A</u>)			- ARETI	4 JUN 27 PM 1: 43	1
				ARY SSE	27	
				- 도 유	PM	
D. If amending the registered agent and/or regis			of the	LOT A	••	
new registered agent and/or the new register	ed of fice a	address:		8 E	င်း	
Name of New Registered Agent:						
New Registered Office Address:		(Florida street address)				
		, Florida				
	(City))	(Zip Code)		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			of the position.			
		Design of the second of				
Signati	ire oj 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			,	
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
	
	

	cument was signed.	option:	, if other than the
Effective da	te <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Adoption of	f Amendment(s)	(<u>CHECK ONE</u>)	
	nendment(s) was/were ac are sufficient for approva	lopted by the members and the number of votes cast for the amendal.	dment(s)
	are no members or members of directors	pers entitled to vote on the amendment(s). The amendment(s) was	s/were
		man or vice chairman of the board, president or other officer-if di	
		en selected, by an incorporator — if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	lee, or
	Brian Sma	II	
		(Typed or printed name of person signing)	
	Secretary/	Treasurer	
		(Title of person signing)	