

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : 120160000008

Phone : (850)777-2091

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN PEBBLE POINTE COMMUNITY ASSOCIATION, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations			
PEBBLE POINTI	E COMMUNITY ASSO	OCIATION, IN	rc.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
JENNIFER BADEN			
	(Name of Contact P	erson)	
TRIAD PROFESSIONAL SERVICES		-	
	(Firm/ Company	y)	
1720 WINDWARD CONCOURSE, SUITE 390			
	(Address)		
ALPHARETTA, GA 30005		•	
	(City/ State and Zip	Code)	
JBADEN@TRIADPROS.COM			
E-mail address: (to be us	ed for future annual rep	oort notification	1)
For further information concerning this matter, plea	se call:		
JENNIFER BADEN	a1	770	777-2091
(Name of Contact Person	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Plorida I	Department of	State:
□ \$35 Filing Fee □ \$43.75 Filing Fee d Certificate of Status	\$\frac{1}{2}\$\$43.75 Filling Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ed Copy is seed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Bullding
2661 Executive Center Circle
Tallahassee, FL 32301

2018 HAY ED

Articles of Amendment to Articles of Encorporation of

PEBBLE POINTE COMMUNITY ASSOCIATION, I	INC.	
(Name of Corporation as	correctly filed with the Flori	In Dept. of State)
N14000007753		
(Document	Number of Corporation (if kn	nwo)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, only the new name of the cou	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	arporation" or "incorporated"	The new or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable;</u> (Principal office address <u>MUST BE A STREET ADD</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registers new registered agent and/or the new registered of	ed office address in Florida, c	inter the name of the
Name of New Registered Avent:	·	
New Registered Office Address:	(Flox	ridu street address)
•		, Florida
	(City)	(Zip Cude)
New Registerest Agent's Signature, if changing Registereby accept the appointment at registered agent. I	stered Agent: I am familiar with and accept i	he obligations of the position.
	Signature of New Register	red 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= Trustce; 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	Y Mil	n Doe te Jones y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	DANA BOVETT	23758 PEBBLE POINTE LANE
X Add			ESTERO, FL 33928
Remove		·	
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
4) Change			
Add			
Remove			
5) Change			
Add			+
Remove			
6) Change			
A dd			<u> </u>
Remove		Page 2 of 4	**************************************
		* # # V 1 T	

E. If smending or adding additional Arti	eles, euter change(s) here:
E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Bu specific)
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	APRIL 17, 2018	
	nch amendment(s) adoption:	., if other than the
date tins docui	HIGH Was Signed.	
Effective date	e if applicable:	·
	(no more than 90 days after amendment file date)	
	late inserted in this block does not meet the applicable statutory filing requirements, this date will not be feetive date on the Department of State's records.	e listed as the
Adoption of A	Amendment(s) (CHECK ONE)	
	ridment(s) was/were adopted by the moinbers and the number of votes cast for the amendment(s) sufficient for approval.	
	e no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.	
1	Dated 5/1/18	
5	Signature / My DWG	_
	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Office court appointed reductary by that inductary,	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESI DENT	
	(Title of person signing)	