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| PICK-UP | ☐ WAIT | MAIL |
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R. Willie

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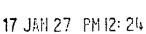
TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO | | E PROPERTY OWNER | S ASSOCI | ATION, INC. |
|-------------------------------|---|--|--------------------|--|
| DOCUMENT NUMBER: | N14000009380 | | | |
| _ | | | ·- · | <u> </u> |
| The enclosed Articles of Am | endment and fee are subm | itted for filing. | | |
| Please return all corresponde | ence concerning this matter | to the following: | | |
| MIKE MILLER | | | | |
| | | Name of Contact Persor | 1) | |
| EMPIRE MANAGEMENT | GROUP | | | |
| | | (Firm/ Company) | | , |
| 1135 EAST AVE | | | | |
| | | (Address) | | |
| CLERMONT, FL 34711 | | | | |
| | (| City/ State and Zip Code | e) | |
| MMILLER@EMPIREMAN | AGEMENTGRP.COM | | | |
| Е | -mail address: (to be used | for future annual report i | notification |) |
| For further information conc | erning this matter, please o | call: | | |
| MIKE MILLER | | 352 at | 2-535-0099 | |
| | (Name of Contact Person) | | ea Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pay | vable to the Florida Depa | irtment of S | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing A | ddress | Street | 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 of



SAWGRASS POINTE PROPERTY OWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N14000009380 (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. 1135 EAST AVENUE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CLERMONT, FL 34711 C. Enter new mailing address, if applicable: 1135 EAST AVENUE (Mailing address MAY BE A POST OFFICE BOX) CLERMONT, FL 34711 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: EMPIRE MANAGEMENT GROUP, INC. Name of New Registered Agent: 1135 EAST AVE (Florida street address) New Registered Office Address: CLERMONT 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.

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 A Add | <u>V</u> <u>Mik</u> | n Doe e Jones y Smith | |
|----------------------------------|---------------------|-----------------------------|--------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | D | DAN EDWARDS | 5401 KIRKMAN RD |
| Add | | | STE 301 |
| X Remove | | | ORLANDO FL 32819 |
| 2) X Change | P | JOSEPH MEIER | 1135 EAST AVE |
| Add | | | CLERMONT, FL 34711 |
| Remove 3) X Change | Т | KAREN VALERI | 1135 EAST AVE |
| Add | | | CLERMONT, FL 34711 |
| Remove | | | |
| 4) Change | VP | JEFF MYERS | 1135 EAST AVE |
| X Add | | | CLERMONT, FL 34711 |
| Remove | | | · |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Article (attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | |
|---|--|---|
| N/A | | |
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| | date of each amendment(s) ad | option: | , if other than the |
|-------|---|---|---------------------------|
| late | this document was signed. | | |
| e e e | FEBI ective date <u>if applicable</u> : | RUARY 1, 2017 | |
| J.11 | ettive date <u>ii applicable</u> . | (no more than 90 days after amendment file date) | |
| | e: If the date inserted in this blocument's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this date volument of State's records. | vill not be listed as the |
| ١d٥ | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/were ad was/were sufficient for approva | opted by the members and the number of votes cast for the amendments. | (s) |
| | There are no members or membadopted by the board of directo | ers entitled to vote on the amendment(s). The amendment(s) was/were rs. | |
| | Dated 1/24/17 | -A | |
| | Signature | Joseph Mein | |
| | have not bee | man or vice fhairman of the board, president or other officer-if director on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | JOSEPH | MEIER . | |
| • | | (Typed or printed name of person signing) | • |
| | PRESIDI | ENT | |
| | | (Title of person signing) | - |