## 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, LLC

Account Number : I20020000094

: (770)777-2091 ; (770)220-1943

Fax Number

Enterothe 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 COBBLESTONE ON PALMER RANCH HOMEOWNERS ASSOCIATION,

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

5/29/2015

AM 10:

https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

**#** .

NAME OF CORPORATION:	N PALMER RANCH HOMEOWNERS ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Sharon K. Gray	
	(Name of Contact Person)
Triad Professional Services, LLC	
	(Firm/ Company)
1720 Windward Concourse, Ste. 390	
	(Address)
Alpharetta, GA 30005	
· · · · · · · · · · · · · · · · · · ·	(City/ State and Zip Code)
jbaden@triadpros.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
Sharon K. Gray	770-777-2091
(Name of Contact Person	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy  (Additional copy is enclosed)  Cartificate of Status  Certified Copy  (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

15 MAY 29 AM 10: 56

Articles of Amendment

A	rticles of incorporation	10000
COBBLESTONE ON PALMER RANCH HOMEOW	NERS ASSOCIATION, INC.	11174.
(Name of Corporation as c	currently flied with the Fiorida Dep	i, of State)
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the cor-	poration:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	0	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of New Registered Agent:		he name of the
New Registered Office Address:	(Florida stre	et address)
	(0)	Florida Florida
	(City)	(ZIP Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obli	igations of the position.
<del></del>	Signature of New Registered Ag	ent, 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, Y as Remove, and Sally Smith, SV as an Add.

X Change X Remove X Add	Y Mik	n Doe se Jones y Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	VPSD	Valerie McChesney	551 North Cartiernen Road
Add			Suite 200
XX Remove			Sarasota, FL 34232
2) Change	VPSD	Michael E. Mansfield	551 North Cattlemen Road
XX_ Add			Suite 200
Remove			Sarasota, FL 34232
3)Change	· 		
Add			
Remove			
4) Change			18
Add			
Remove			
5) Change			
bbA			
Remove			
δ) Change			
Add			
<del></del>			
Remove		Page 2 of 4	

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

Page 3 of 4

May 26, 2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after antendment fit	le date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing reducement's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(1) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes c was/were sufficient for approval.	ast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The seadopted by the board of directors.	nendment(s) was/were
Dated 05/27/2015 Signature UNV JSWA	
(By the chairman of yiel chairman of the board, president or of have not been selected, by an incorporator — If in the hands of other court appointed fiduciary by that fiduciary)	
Anthony J. Burdett	
(Typed or printed name of person	signing)
President	
(Title of person signing	(g)