Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001665863)))



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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

: (770)226-1943

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JUN 0 4 2018

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CYPRESS CHASE COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

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## COVER LETTER

TO: Amendment Section Division of Corporations CYPRESS CHASE COMMUNITY ASSOCIATION, INC. NAME OF CORPORATION: \_ N16000001204 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JENNIFER BADEN (Name of Contact Person) TRIAD PROFESSIONAL SERVICES (Firm/ Company) 1720 WINDWARD CONCOURSE, SUITE 390 (Address) ALPHARETTA, GA 30005 (City/ State and Zip Code) JBADEN@TRIADPROS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 777-2091 JENNIFER BADEN (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) 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 (((H18000166586 3)))

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, Florida (Zip Code)
(Zip Code)
obligations of the position.

Page 1 of 4

(((H18000166586 3)))

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 te Jones y Smith	
Type of Action (Check One)	Title	Name	Addre3s
1)Change	VTD	BOB THORNE	3922 COCONUT PALM DRIVE
Add			SUITE 108
X Remove			TAMPA, FL 33619
2) Change	VTD	CARLOS DE LA OSSA	3922 COCONUT PALM DRIVE
X Add	<del></del>		SUITE 108
Remove			TAMPA, FL 33619
3) Change			
Add			··
Remove			,
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<ul><li>δ) Change</li></ul>			
Add	<del></del>		
Remove			
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. If amontling or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	(((H18000166586 3))
(suach adaitional sneets, if necessary). (Be specific)	
•	

			(((H18000166586 3)))		
	e date of each amendment(s) adopt this document was signed.	JUNE 1, 2018 ion:	if other than the		
Εffe	ective date <u>if applicable</u> :				
		(no more than 90 days after amendment file	e date)		
	ie; If the date inserted in this block outent's effective date on the Depart	loes not meet the applicable statutory filing re- ment of State's records.	quirements, this date will not be listed as the		
Ado	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes ca	ist for the amendment(s)		
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated JUNE 1	. 2018			
	Signature	word			
	have not been s	or vice chairman of the board, president or or elected by an incorporator – if in the hands of hinted fiduciary by that fiduciary)			
	,	HUTHOM BURDETT			
	,	(Typed or printed name of person s	signing)		
		President			
		(Title of person signing	<b>,</b> }		