N17794

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JUN 2.2. 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PRINCETON ESTATES HOMEGUNERS ASSOCIATION I	νĊ
DOCUMENT NUMBER: N / 17794	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	4 74
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susany Halles (Staff Jacountian) (Name of Contact Person)	ندا د
LANG MANAGEMENT (COMPANY)	
790 PARK of CONNERUE DLVd. Ste. 300	
DOCH RATON, FL 334817 (City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SUSAN HALLEE at (SG1) 750-8800 (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	
Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations	

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

A. If amending name, enter the new name of the corporation: The yestername must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "incorporated".	Art	icles of Incorporation of	
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Non For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the name of the new registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Florida Florida	PRINCETON ESTATES Home	EULINERS HS	SOCIATION TING.
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: The performance must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or ""Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: [Florida			
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(Florida street address) New Registered Office Address:	new registered agent and/or the new registered off	ice address:	
New Registered Office Address:	Name of New Registered Agent:		
New Registered Office Address:			
			(Florida street address)
	New Registered Office Address:		
		-	
		(City)	
	New Registered Agent's Signature, if changing Registi I hereby accept the appointment as registered agent. I a		cept 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 X. Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	TD	SIEGAL, NED	SOCA KATOL, FL 33496
2) Change Add	_7))	NISSANOFF, DANGEL	3258 N.W. 37th AVENCE BUCH KATON, FL 33496
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

(attach additional sheets, if necessary).	(Be specific)			
If amending or adding additional Art (attach additional sheets, if necessary).	•			
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The date of each amendment(s) adoption:	. if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 day	vs after amendment file date)
Note: If the date inserted in this block does not meet the applic locument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the a adopted by the board of directors.	nnendment(s). The amendment(s) was/were
Dated 6 14 17	
Signature Dorry Acolle	du
, , ,	e board, president or other officer-if directors nor – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that	
BARRY G	SODUAD
(Typed or pa	rinted name of person signing)
President	T PRINCETED
·—· · · · · · · · · · · · · · · · · · ·	Title of person signing)