

N20000001344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

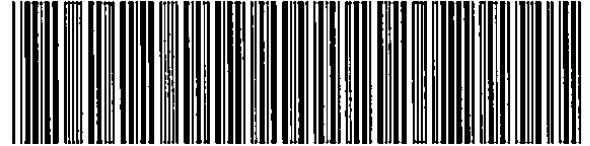
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20 JUN 15 PM 1:39

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C. H. ...



EVERGREEN
LIFESTYLES MANAGEMENT

2020 JUN 15 PM 12:04

June 10, 2020

Cheryl R McNair
Regulatory Specialist II
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 342314

20 JUN 15 PM 1:39
Patti Ferris

Re: Vista Palms Homeowners' Association, Inc.
Letter Number: 620A00010535

Dear Ms. McNair,

Attached is the revised Amendment to the Articles of Incorporation. There were no officer changes from the original filing of the Articles. The only change involved the updating of the registered agent.

If any questions at all, please let me know.

Thank you.

Patti Ferris

Patti Ferris
Executive Director Support Services
Pferris@Evergreen-LM.com
Direct: 321-558-6502



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 15 PM 12:34

May 27, 2020

PATTI FERRIS
EVERGREEN LIFESTYLES MANAGEMENT, LLC
2100 S HIAWASSEE ROAD
ORLANDO, FL 32835

SUBJECT: VISTA PALMS HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N20000001344

20 JUN 15 PM 1:39

We have received your document for VISTA PALMS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST COMPLETE OFFICERS UPDATE.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 620A00010535

COVER LETTER

20 JUN 15 PM 1:39

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VISTA PALMS HOMEOWNERS' ASSOCIATION, INC

DOCUMENT NUMBER: N20000001344

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patti Ferris
Name of Contact Person

Evergreen Lifestyles Management, LLC
Firm/ Company

2100 S Hiawassee Road
Address

Orlando, FL 32835
City/ State and Zip Code

PFerris@Evergreen-LM.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Ferris at (321) 558-6502
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 & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

VISTA PALMS HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000001344

(Document Number of Corporation (if known))

20 JUN 15 PM 1:39

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____ 2100 S Hiawassee Road

_____ Orlando, FL 32835

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____ 2100 S Hiawassee Road

_____ Orlando, FL 32835

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 _____ Evergreen Lifestyles Management

_____ 2100 S Hiawassee Road

(Florida street address)

New Registered Office Address: _____ Orlando _____, Florida 32835
(City) (Zip Code)

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.

Patti Ferris

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 04/21/2020
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

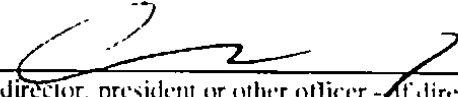
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
(voting group)

Dated 4/30/2020

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Christopher Roy

(Typed or printed name of person signing)

President

(Title of person signing)