N22 000 000 696

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ethil) Notice
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
JAN 17 2023

Office Use Only



900396227189

10/19/22--01009--011 ++35.00

FII ED
2022 OCT 19 PH 2: 34



COVER LETTER

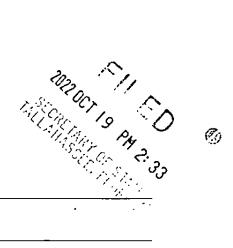
TO: Amendment Section Division of Corporations

CYPRESS BAY WEST - I NAME OF CORPORATION:	PHASE I HOMEOWNERS ASSOCIATION, INC.
N22000000696 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Kriston Nottingham	
(Nam	e of Contact Person)
Access Management	
(1	Firm/ Company)
Amendment Section - Division of Corporations - P.O. Box	6327
	(Address)
Celebration, FL 34747	
(City/	State and Zip Code)
knottingham@accessdifference.com	
E-mail address: (to be used for for	iture annual report notification)
For further information concerning this matter, please call:	
Kriston Nottingham	407 480-4200
(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:
(Ad	.75 Filing Fee &

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 Articles of Incorporation



CYPRESS BAY WEST - PHASE I HOMEOWNERS ASSE	OCIATION, INC.
Name of Corporation as currently filed with the Florida	Dept. of State)
N22000000696	
(Document Numl	ber of Corporation (if known)
amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	tion:
	The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	215 Celebration Place Suite 115
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Celebration, Fl. 34747
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	215 Celebration Place Suite 115
	Celebration, FL 34747
D. If amending the registered agent and/or registered off	Top address in Florida, antar the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent: Access N	Aanagement
215 Cele	bration Place Suite 115
New Registered Office Address:	(Florida street address)
Tallahas	see 32314
	(City) , Florida
N 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
S	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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DVP	Sonja Pedreti	
x Remove			
2) Change Add	DVP	Robyn Bronson	
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add		·	
Remove 6) Change Add			
Remove E. If amending or adding	g additional <u>Arti</u>	cles, enter change(s) here:	
(attach additional shee	ts, if necessary).	(Be specific)	
	<u> </u>		

	
The date of each amendment(s) addate this document was signed.	doption: 7/5/2022 , if other t
Effective date if applicable:	(no more than 90 days after amendment file date)
	ock does not meet the applicable statutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.

Dated	7/5/2022
Signature	William Tide
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Board President
	(Typed or printed name of person signing)
	(1 yped of printed name of person signing)
	William Fife