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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	The Rose Bay Home	Owners Associatio	n, Inc		
	N01000005108				
DOCUMENT NUMBER:					
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Tammy Christiansen					
<del> </del>	(	Name of Contact I	Person	)	
CAM PROS LLC					
		(Firm/ Compar	ıy)		
1800 Pembrook Drive Ste 3	00				
		(Address)			
Orlando FL 32810					
	(	City/ State and Zip	Code	)	
camprosllc@gmail.com					
E	-mail address: (to be used	for future annual re	port n	otification	)
For further information conc	erning this matter, please o	all:			
Tammy Christiansen		а	321 t		236-2317
	(Name of Contact Person)			a Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Depar	tment of S	tate:
\$35 Filing Fee	□\$43.75 Filing Fee & <b>[</b> Certificate of Status	343.75 Filing Fed Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	<u>S</u> (	treet A	<u>Address</u>	

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 of

	neown		n, Ir	1C.		-
NOIDOODSIDE	as curren	tly filed with the Florida Dept. of S	tate')			
(Docur	nent Numbe	er of Corporation (if known)				-
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this Florida Not For Profit Corpo	ration adop	ots the fo	llowin	g
A. If amending name, enter the new name of the N/A	e corporati	on:		7	he nev	ν
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the abbre	viation "Co			
B. Enter new principal office address, if applica	1800 Pembrook Drive					
(Principal office address <u>MUST BE A STREET A</u>	) Suite 300					
		Orlando, FL 32810		<del></del>		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1800 Pembrook Drive				
		Suite 300			3£	1
		Orlando, FL 32810				¯ (¯
D. If amending the registered agent and/or reginew registered agent and/or the new register			e of the	多品	F 21	
Name of New Registered Agent:	CAM PRO					
Name of New Registered Agent.	1800 Pem	brook Drive Suite 300				-
New Registered Office Address:		(Florida street addre	ss)			-
	Orlando		Florida	2810		
		(City)	(Zip Cod	le)		-
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent			s of the pos	ition.		
<del>-</del>	Si	ignature 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 Mik</u>	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S/T	Sara Alsup	8262 Baywood Vista Drive
Add			Orlando, FL 32810
x Remove			
2) Change	T	Sara Alsup	8262 Baywood Vista Drive
x Add			Orlando, FL 32810
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change		<del> </del>	
Add			<del> </del>
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

N/A						
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70.170.200.				<u>-</u>		

T'I		- d 46-X d	N/A	10 4 4 4
	e date of each amer e this document was	ndment(s) adoption signed.	:	_, if other than the
	ective date <u>if appli</u> e	N/A		
			(no more than 90 days after amendment file date)	
			s not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
<b>Ad</b> c	option of Amendmo	ent(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien		by the members and the number of votes cast for the amendment(s)	
	There are no memiadopted by the bo		citled to vote on the amendment(s). The amendment(s) was/were	
	Dated	6/5/201	<u>7</u>	
	Signature			
		(By the chairman or have not been selec	vice chairman of the board, president or other officer-if directors sted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	-
		Keith LaPrade		
			(Typed or printed name of person signing)	
		President		
			(Title of person signing)	