704835

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COVER LETTER

TO: Amendment Section Division of Corporations

KINGSWOO NAME OF CORPORATION:	O MANOR ASSOCIATION INC	
704835		
DOCUMENT NUMBER:	•	_
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning th	s matter to the following:	
Rebecca Schaff		
	(Name of Contact Person)	
Kingswood Manor Association Inc		
··· ·	(Firm/ Company)	
1401 Henry Balch Dr		
	(Address)	
Orlando, FL 32810		
	(City/ State and Zip Code)	
beckyschaff@gmail.com		
E-mail address: (to	e used for future annual report notification)	
For further information concerning this matter,	please call:	
Rebecca Schaff	352 4344683 at	
(Name of Contact		lephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$		
Mailing Address	Street Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

KINGSWOOD MANOR ASSOCIATION INC (Name of Corporation as currently filed with the Florida Dept. of State) 704835 (Document Number of Corporation (if known) 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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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: (Florida street address) New Registered Office Address: . Florida (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.

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 Sn	ne <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add	<u>P</u>	Schaff, Rebecca	1401 Henry Balch Dr Orlando, FL 32810
Remove			
2) X Change Add	<u>V</u>	Smedlev, Russ	PO BOX 607383 ORLANDO, FL 32860
Remove Change Add Remove	<u>s</u>		PO BOX 607383 ORLANDO, FL 32860
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	otion:			, if other than the
Effective date if applicable:	(no more than 90 days			. <u></u> .
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicab rtment of State's records.	le statutory filing requir	ements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

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

re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were pted by the board of directors.
Dated 11/14/2020
Signature
(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)
Rebecca Schaff
(Typed or printed name of person signing)
Title of person signing)