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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP. 11 2013
R. WHITE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2013

SCOTT BROWN
HACIENDA DEL SOL ASSOCIATION INC
4201 SOUTH ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

SUBJECT: HACIENDA DEL SOL ASSOCIATION, INC.
Ref. Number: 724781

We have received your document for HACIENDA DEL SOL ASSOCIATION, INC. and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pg 4 of the amendment document is missing. Please find enclosed and complete the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II   Letter Number: 113A00020130

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Regulatory Specialist II   Letter Number: 113A00020130

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HACIENDA DEL SOL, ASSOCIATION, INC.

DOCUMENT NUMBER: 724781

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

Please return all correspondence concerning this matter to the following:

SCOTT BROWN
(Name of Contact Person)

HACIENDA DEL SOL, ASSOCIATION, INC
(Firm/ Company)

4201 SOUTH ATLANTIC AVENUE
(Address)

NEW SMYRNA BEACH, FL 32169
(City/ State and Zip Code)

HACIENDADELSOL1@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT BROWN
(Name of Contact Person)

at (**386**) **427-1310**
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee   ☐ 3.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☒ $52.50 Filing Fee
                  Certificate of Status   Certified Copy   Certificate of Status
                                         (Additional copy is   Certified Copy
                                         enclosed)   (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

HACIENDA DEL SOL, ASSOCIATION, INC.

<u>(Name of Corporation as currently filed with the Florida Dept. of State)</u>

724781

(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:

N/A
_____*The new*

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: N/A
(Principal office address MUST BE A STREET ADDRESS)
_____

_____

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

_____

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: **N/A**
_____

(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

Page 1 of 4

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

Type of Action (Check One)	Title	Name	Address
1) **X** Change ____ Add ____ Remove	**VPD**	**MIKE HULL**	4201 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169
2) **X** Change ____ Add ____ Remove	**SD**	**LYN FELDMAN**	4201 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169
3) ____ Change **X** Add ____ Remove	**D**	**ROBERT SMITH**	4201 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			