

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	<u> </u>
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	<u> </u>
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(Dr	ocument Number)	<del></del>
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

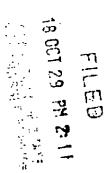




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Jonard

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Hutchinson House Co	ndominium. Inc.			······································
DOCUMENT NUMBER:	725625				
The enclosed Articles of Am					
Please return all corresponde		-			
Stephanie Harris					
	(	Name of Contact Pers	on)		<u> </u>
Signature Property Manager	ment, LLC				
		(Firm/ Company)			
459 NW Prima Vista Blvd					
		(Address)			
Port St Lucie, FL 34983					
	(	City/ State and Zip Co	de)		
stephanie@signaturepropert	ymgmt.com				1
E.	-mail address: (to be used	for future annual repor	t notification	1)	
For further information conc	erning this matter, please c	all:			
Stephanie Harris		at	72	219-4474	
	(Name of Contact Person)		Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida De	partment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is	
Mailing A Amendme			t Address ndment Sect	ion	

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 Incorporation of

Articles of Amendment

Hutchinson House Condominium, Inc.

(Name of Corporation as cur	rently filed with the Fl	orida Dept. of State)
725625		
(Document Nu	ımber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Sta imendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must he distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	<b>"</b> "
	<del>,</del>	DCT
		<u> </u>
C. Enter new mailing address, if applicable:		10 E - 10 E
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·	
D. If amending the registered agent and/or registered of	office address in Florid	a antar the same of the
new registered agent and/or the new registered office		a, enter the name of the
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:	•	(Florida street address)
<del></del>	(Circl	Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register		
hereby accept the appointment as registered agent. Lan	n familiar with and acce	pt the obligations of the position.
	Signature of New Reg	istered 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</u> <u>M</u>	<u>hn Doe</u> ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	<u>Addres</u> s
1) Change	<u>T</u>	William Hughes	
Add XX Remove			
2) Change	Т	Steven Hamerink	1550 NE Ocean Blvd G-101
XX Add			Stuart, FL 34996
Remove			
3 ) Change	· · · · · · · · · · · · · · · · · · ·		
Add			47-14-11
Remove			
4) Change			
Add			
Kemove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding (attach additional sheets,	if necessary). (Be	specific)		
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The	date of each ame	ndment(s) adoption:	, if other than the
date	this document was	s signed.	
Effe	ective date <u>if appli</u>	<u>cable</u> :	
		(no more than 90 days after amendment file date)	<del> </del>
<u>Not</u> doc	e: If the date inser ument's effective d	ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	the listed as the
Ada	ption of Amendm	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s was/were sufficient	) was/were adopted by the members and the number of votes cast for the amendment(s) it for approval.	
	There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	27 June 2018	
	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)	
		Barbara Lansing	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	