736495

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Tifton Cove Condon	ninium Association	Inc.			
DOCUMENT NUMBER:	736495					
DOCUMENT NUMBER:						-
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.				
Please return all correspond	ence concerning this matt	er to the following	:			
Tammy Quiller						
		(Name of Contact	Person)			
MAY Management Service	s Inc					
		(Firm/ Compa	any)			
5455 A1A South						
		(Address)	ı			
St. Augustine FL 32080						
		(City/ State and Z	ip Code)			
customerservice@maymgt.	com					2022 JU
I	-mail address: (to be used	for future annual	report notification	on)		1-4-
For further information con-	cerning this matter, please	call:			-	-
Tammy Quiller			904 at	461-9708		
	(Name of Contact Person	n)	(Area Code)	(Daytime Teleph	none Numi	perm
Enclosed is a check for the	following amount made p	ayable to the Florid	la Department o	f State:	1 -	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)	Certi y is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)		
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

Tifton Cove Condominium Association Inc.

(Name of Corporation as currently filed with th	e Florida	Dept. of State)	
736495			
(Docur	nent Num	ber of Corporation (if know	m)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statu	ites, this Florida Not For P	rofit Corporation adopts the following
A. If amending name, enter the new name of th	e corpora	ation:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incorporated" o	
B. Enter new principal office address, if applica	ıble:	N/A	
(Principal office address MUST BE A STREET A		Σ)	·
			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A	. 207
			. يين
D. If amending the registered agent and/or regi			ter the name of the
new registered agent and/or the new register		address:	
Name of New Registered Agent:	N/A	 	<u>~</u>
New Registered Office Address:		(Florid	a street address)
	N/A		***
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing l			
I hereby accept the appointment as registered agen	it. I am f	amiliar with and accept the	obligations of the position.
-			d 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>	Name	Address
1) × Change Add	<u>P</u>	Christopher Jacobs	5455 A1A South St. Augustine FL 32080
Remove			
2) Change Add	<u>v</u>	Ann Marie Nelson	5455 A1A South St. Augustine FL 32080
Remove 3) × Change Add Remove	<u>o</u>	Charles Ross BerrY	5455 A1A South St. Augustine FL 32080
4) Change Add	<u>s</u>	Rhonda Derus	5455 A1A South St. Augustine FL 32080
 X Remove 5) Change X Add Remove 	<u>s</u>	Jane Austin	5455 A1A South St. Augustine FL 32080
6) Change Add			
Remove E. If amending or adding	ig additional Arti	cles, enter change(s) here:	
(attach additional shee			
N/A			
1			
			

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Ħ	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated June 9, 2022					
	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)					
	(Typed or printed name of person signing)					
	(Title of person signing)					