

(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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02/19/09--01008--003 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Panama Cit	y-Bay County Home Builder	s Association, Inc.
DOCUMENT NUMBER: 737320		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Jessica Summers		<u>.</u>
(Name	of Contact Person)	
PC-BC HBA, Inc.		
(F	irm/ Company)	
2428 Lisenby Avenue		
	(Address)	
Panama City, FL 32405	State and Zip Code)	
For further information concerning this matter	• •	
Thomas Ledman	at (<u>850</u>) <u>258-54</u>	
(Name of Contact Person)	(Area Code & Daytim	•
Enclosed is a check for the following amount	_	_
▼\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

Articles of Amendment to Articles of Incorporation of

Panama City-Bay County Home Builders Association, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	مد
737320	7
(Document Number of Corporation (if known)	Ó Ì
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation and	o 🌠
the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	,
P	1
Home Builders Association of Panama City-Bay County, Inc. 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: (Principal office address MUST BE A STREET ADDRESS)	
(2 thich a diffic and as a second sec	
\cdot	
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;	
N CN P ' 14	
Name of New Registered Agent:	
·	
New Registered Office Address: (Florida street address)	
, Florida	
(City) (Zip Code)	
Name Designationed Agentia Ciamatona if sharining Desistent days	
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) **Title** <u>Name</u> Address **Type of Action** ☐ Add □ Remove _____ **\ ** Add _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: January 13, 2009		
Effective date if applicable:	March 1, 2009	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated Feb	oruary 17, 2009	
Signature	$+m\Omega$	
(R) hav	the chairman or vice chairman of the board, president or other officer-if directors in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Joe Rudolph	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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