

743008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Prog. Benefit form.

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TALLAHASSEE, FLORIDA

15 AUG 17 AM 9:27

And

AUG 19 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2015

PARKS EDGE POA
3201 SW LANDALE BLVD
PORT ST LUCIE, FL 34953

SUBJECT: PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.
Ref. Number: 743808

We have received your document for PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted a form for a profit benefit corporation. If it is your intent to file this form, either page 3 or page 4 would need to be completed according to the applicable Florida Statutes. Otherwise, please find enclosed and complete the correct document.

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: 415A00015373

RECEIVED
15 AUG 17 PM 4:43

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Parks Edge Property Owners' Association

DOCUMENT NUMBER: 743808

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

Please return all correspondence concerning this matter to the following:

Patricia Newhouse, Office Manager
(Name of Contact Person)

Parks Edge, POA
(Firm/ Company)

3201 SW Landale Blvd
(Address)

Port St. Lucie, Florida 34953
(City/ State and Zip Code)

parksedgepoa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Newhouse, Office Manager at 772 336-1525
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

*pd. Prior
see Letter*

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

PARKS Edge Property Owners' Association
(Name of Corporation as currently filed with the Florida Dept. of State)

FILED
15 AUG 17 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

743808

(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:
(Principal office address MUST BE A STREET ADDRESS)

N/A

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: Patricia Newhouse
3201 SW Landale Blvd.
(Florida street address)

New Registered Office Address:
Port St. Lucie, Florida 34953
(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.

Patricia Newhouse
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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Kenny Nail</u>	<u>3201 SW Landale Blvd</u> <u>Port St. Lucie, FL 34953</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>John Jankowski</u>	<u>3201 SW Landale Blvd</u> <u>Port St. Lucie, FL 34953</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Pat St. John</u>	<u>3201 SW Landale Blvd</u> <u>Port St. Lucie, FL 34953</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SV</u>	<u>Maggi O'Keefe</u>	<u>3201 SW Landale Blvd</u> <u>Port St. Lucie, FL 34953</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

July 1, 2015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

July 1, 2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

August 12, 2015

Dated _____

Signature Maggi O'Keefe

(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)

Maggi O'Keefe

(Typed or printed name of person signing)

Vice President / Secretary

(Title of person signing)