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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

HOME OWNERS ASSOCIATION OF PORT BUENA VISTA	4 INC
POCUMENT NUMBER: 745706	
The enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
JACQUELINE TIMMERMAN	
(Name of Contact Person)	
(Firm/ Company)	
105 S GERALDO RD	
(Address)	
EAST PALATKA FL 32131	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
JACQUELINE TIMMERMAN at (386 ) 325-3473	
(Name of Contact Person) (Area Code & Daytime Telephone Nu	mber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional copy is Enclosed)	
Mailing Address Amendment Section  Street Address Amendment Section	

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 Amendment** to Articles of Incorporation

## HOME OWNERS ASSOCIATION OF PORT BUENA VISTA, INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	TALLAGUSSEL ELIMATI
745706		447
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati	006, Florida Statutes, this <i>Florida Not For P</i> on:	Profit Corporation adopts the following
A. If amending name, enter the new nar	ne of the corporation:	
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "incorporated" of the name.	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if (Principal office address MUST BE A ST		
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		
D. If amending the registered agent and new registered agent and/or the new	Vor registered office address in Florida, en	ter the name of the
Name of New Registered Agent:	JACQUELINE TIMMERMA	AN
	105 S GERALDO RD	
New Registered Office Address:	(Florida street address)	
	EAST PALATKA	, Florida 32131
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar with and accept the	Aman

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 X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TR	CHRISTINA RENNER	101 TRESCOT COURT
Add			EAST PALATKA FL 32131
X Remove			
2) Change	VP	JOHN THOMPSON	110 MARGARITA RD
Add	. <u></u>		EAST PALATKA, FL. 32131
X Remove			
3) X Change	P	JACQUELINE TIMMERMAN	105 S GERALDO RD
Add			EAST PALATKA FL 32131
Remove			
4) Change	Р	THOMAS TIMMERMAN	105 S GERALDO RD
Add			EAST PALATKA, FL. 32131
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		D 4.44	

If amending or adding addition (attach additional sheets, if necessity)	ssary). (Be spec	cific)			
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	date of each amendment this document was signed		, if other than the
Effective date if applicable:		3/16/15	
		(no more than 90 days after amendment file date)	<del></del>
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 3/1	6/15	
	Signature	Vacqueline Timmerman,	
	have r	Chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	JACQL	JELINE TIMMERMAN	
	<u></u>	(Typed or printed name of person signing)	
	PRESI	DENT	
		(Title of person signing)	