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JAN 24 2018 T. LEMMEUX

## COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION           | High Springs Commu                               | mity Development A   | Association        |  |
|-------------------------------|--|--|--------------------|--|
|                               | 746707   |  |                    |  |
| DOCUMENT NUMBER:              |  |  |                    |  |
| The enclosed Articles of An   | nendment and fee are subm                        | nitted for filing.   |                    |  |
| Please return all corresponde | ence concerning this matter                      | to the following:  |                    |  |
| Cassandra G. Davis            |  |  |                    |  |
|                               | (  | (Name of Contact Pe  | erson)             |  |
| High Springs Community E      | Development Association                          |  |                    |  |
|                               |  | (Firm/ Company   | v)                 |  |
| P. O. Box 1236                |  |  |                    |  |
|                               |  | (Address)  |                    |  |
| High Springs, FL 32655        |  |  |                    |  |
|                               | (  | City/ State and Zip  | Code)              |  |
| daviscg@windstream.net        |  |  |                    |  |
| l                             | -mail address: (to be used                       | for future annual rep  | ort notification   | n)   |
| For further information conc  | erning this matter, please o                     | call:  |                    |  |
| Cassandra G. Davis            |  | at   | 386                | 454-2208   |
|                               | (Name of Contact Person)                         |  |                    | (Daytime Telephone Number)                                   |
| Enclosed is a check for the f | ollowing amount made pay                         | able to the Florida I  | Department of      | State:   |
| □ \$35 Filing Fee             | □\$43.75 Filing Fee & [<br>Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy i<br>enclosed) | Certif<br>s Certif | 0 Filing Fee ficate of Status fied Copy tional Copy is psed) |
| Mailing A                     | Address  | Str  | reet Address       |  |

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 of

FILED)

| High Springs Community Development Association, I   | nc.   | 9818 IAN 22 5 3   |
|---|---|---|
| (Name of Corporation as o   | urrently filed with the Florid                                  | a Dept. of State  |
| 746707  |   | SPUÄÄÄAY OF STACE<br>************************************ |
| (Document   | Number of Corporation (if kno                                   | wn) #MELAHASSEE: ELOHIO)                                  |
| Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:      |   | Profit Corporation adopts the following                   |
| A. If amending name, enter the new name of the con  | poration:   |   |
| High Springs Child Care Center, Inc.  | <del></del>   | The new   |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name.    | orporation" or "incorporated"                                   | or the abbreviation "Corp." or "Inc."                     |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> | RESS )  |   |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>               | <u> </u>  |   |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of       | ed office address in Florida, e                                 | nter the name of the                                      |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  | (Flo)   | rida street address)                                      |
|   |   | . Florida   |
| _   | (City)  | , Florida<br>(Zip Code)                                   |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.       | i <mark>stered Agent:</mark><br>I am familiar with and accept t | he obligations of the position.                           |
|   | Signature of New Registe  | red 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 <math>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 Doc  V Mike Jones SV Sally Smith |         |
|-----------------------------------|--|---------|
| Type of Action<br>(Check One)     | <u>Title</u> <u>Name</u>                 | Address |
| 1) Change Add                     |  |         |
| Remove 2) Change Add              |  |         |
| Remove 3 ) Change Add             |  |         |
| Remove 4) Change Add              |  |         |
| Remove  5) Change Add             |  |         |
| Remove  6) Change  Add  Remove    |  |         |

| itach additional sh | ing additional A<br>eets, if necessary, | ). (Be spec | ific)       |                |                |              |             |   |
|---------------------|---|-------------|-------------|----------------|----------------|--------------|-------------|---|
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|   | 12/0-                                  | )4/2017   | C. al al als.        |
|---|--|---|----------------------|
| The date of each amendment(s date this document was signed.         | ) adoption:                            |   | _, if other than the |
|   | 01/01/2018                             |   |                      |
| Effective date <u>if applicable</u> :                               | (no mo                                 | ore than 90 days after amendment file date)   |                      |
| Note: If the date inserted in this document's effective date on the | s block does not m<br>Department of St | neet the applicable statutory filing requirements, this date will not b<br>state's records.   | e listed as the      |
| Adoption of Amendment(s)  | ( <u>CHE</u>                           | ECK ONE)  |                      |
| The amendment(s) was/wes was/were sufficient for app                | re adopted by the proval.              | members and the number of votes cast for the amendment(s)   |                      |
| ☐ There are no members or n adopted by the board of di              |  | to vote on the amendment(s). The amendment(s) was/were  |                      |
| 01/15/2<br>Dated  | 2018                                   |   |                      |
| Signature // Signature  | randra                                 | If Down   | _                    |
| (By the chave no  | ot been selected, b                    | chairman of the board, president or other officer-if directors<br>by an incorporator – if in the hands of a receiver, trustee, or<br>duciary by that fiduciary) |                      |
| Cas   | sandra G. Davis                        |   |                      |
|   |  | (Typed or printed name of person signing)   |                      |
| Воа   | ard Chairperson                        |   |                      |
|   |  | (Title of person signing)   |                      |