

747423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

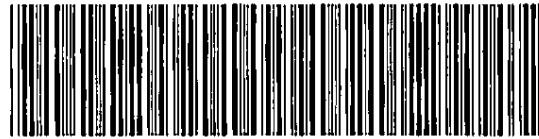
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kris Hamp Advised
to add & remove each
officer listed in All
sections. 11.7.18 (la)

Office Use Only



600315691676

07/16/18--01021--025 ++48.75

FILED

2018 NOV -7 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/cc

NOV 07 2018

ALBRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

KRIS HARP
401 EAST BEACH DRIVE #B-3
PANAMA CITY, FL 32401

SUBJECT: CEDAR COVE TOWNHOUSE OWNERS ASSOCIATION, INC.
Ref. Number: 747423

We have received your document for CEDAR COVE TOWNHOUSE OWNERS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The information you wish to correct must be contained on the amendment form in the spaces provided.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 518A00018740



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
18 SEP 10 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL

July 19, 2018

KRIS HARP
CEDAR COVE TOWNHOUSE OWNERS ASSOCIATION
401 EAST BEACH DRIVE #B-3
PANAMA CITY, FL 32401

SUBJECT: CEDAR COVE TOWNHOUSE OWNERS ASSOCIATION, INC.
Ref. Number: 747423

We have received your document for CEDAR COVE TOWNHOUSE OWNERS ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check only 1(one) action regarding which action to take with each officer/director listed.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 618A00014854

Kris Harp
850-238-7788 cell

Articles of Amendment
to
Articles of Incorporation
of

Cedar Cove Townhouse Owners Assoc, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

747423

(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:

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)

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:

Name of New Registered Agent:

Kris Haep

401 East Beach Drive, #B-3

(Florida street address)

New Registered Office Address:

Panama City, FL 3240

(City)

Florida

(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.

Kris Haep

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 checked="" type="checkbox"/> Change	ST		
<input checked="" type="checkbox"/> Add	<u>ST</u>	Kris Harp	401 East Beach Dr
<input checked="" type="checkbox"/> Remove	<u>ST</u>	Ann Jordan	#B-3 Panama City, FL 32401
2) <input type="checkbox"/> Change			
<input checked="" type="checkbox"/> Add	<u>D</u>	Joyce Byrd	
<input checked="" type="checkbox"/> Remove	<u>D</u>	James Rising	401 East Beach Dr #A1 Panama City FL 32401
3) <input type="checkbox"/> Change			
<input checked="" type="checkbox"/> Add	<u>D</u>	Sandy Sims	401 East Beach Dr
<input checked="" type="checkbox"/> Remove	<u>D</u>	Theresa Gooding	#B4 Panama City, FL 32401
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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

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

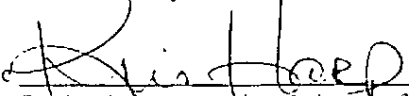
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

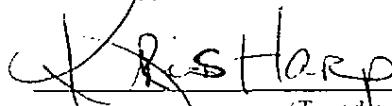
Adoption of Amendment(s) (CHECK ONE)

☐ 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.

Dated 7/12/18

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)

Secretary | Treasurer
(Title of person signing)