748842

(Reques	tor's Name)	<u> </u>
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(City/Sta	te/Zip/Phone	#)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2023

RIVERBEND ACRES PROPERTY OWNERS ASSOCIATION, INC. P.O. BOX 730095 ORMOND BEACH, FL 32173

SUBJECT: RIVERBEND ACRES PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: 748842

We have received your document for RIVERBEND ACRES 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):

Please ensure that you check one of the adoption of amendment boxes, as well as date and sign the last page.

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 323A00023284

- All corrections have been made

001 2 7 2023

COVER LETTER

A Comment

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Riverbend Acres Property Owner's Association	m, Inc
DOCUMENT NUMBER: 748842	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bruce Pyle (Name of Contact Person)	
(Name of Contact Person)	
(Firm/ Company)	
P.O. Box 730095	
P.O. Box 730095 (Address)	
Ormond Beach, FL 32173 (City/ State and Zip Code)	
	. ၁
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	(*) (3)
	(.)
Bruce Pyle at 386 214-4515 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	5 1.3
Enclosed is a check for the following amount made payable to the Florida Department of State:	<u> </u>
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Kiver bend Acres Prope Name of Corporation as currently filed with the Flo	orida/Dept. of State)	Association, Inc
74884	2	
(Document	Number of Corporation (if k	nown)
tursuant to the provisions of section 617,1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
If amending name, enter the new name of the con	rporation:	
NA		The new
MAP ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the name.	A. A	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD.</u>	RESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	x 730095
	Ormand 1	Beach, FL 32173
. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent		·····
	(Florida street address)	
New Registered Office Address:		
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent—i		the obligations of the position.
	Signature of New Regist	tered 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: X Change X Remove X Add	V Mik	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	_5_	Daniel Clark	229 Riverberd Rd. Ormand Beach, FL 32174
Remove 2) Change Add	_D	Rosa Rodniguez	287 Riverbend Rd. Ormand Beach, FL 32174
Remove 3) Change Add Remove	_D_	Rosa Rodriguez Alvin Sayre	221 Riverbend Rd. Ormand Beach, FL 32174
4) Change Add			· · · · · · · · · · · · · · · · · · ·
Remove 5) Change Add			
Remove 6) Change Add		,	
Remove E. If amending or ad (attach additional se		Articles, enter change(s) here: y). (Be specific)	

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		57 \$1 37 53
		•••
The date of each amendment(s) adoption:date this document was signed.		, if other than the
-		
Effective date <u>if applicable</u> :	an 90 days after amendment file date)	
(no more th	an 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.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were