750035

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·-
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09/28/15--01010--009 **35.00





COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: _	STONE BRIDGE	PATIO HOMES	HOMEOWNERS	ASSOCIATION, INC.
DOCUMENT NUMBER:	750035	**************************************		
The enclosed Articles of Amendme	ent and fee are submitted for	filing.		
Please return all correspondence co	oncerning this matter to the f	ollowing:		
HEATHER	HEMINGER (Name o	f Contact Person)		
	DGE PATTO HOM		lnees associa-	110N, INE.
2124 KI	N65 X/N6,5W,	(Adduse)		
	HAVEN, FL 3			
	hemi O eacthli address: (to be used for futur			
For further information concerning		o aunium roport nourie	ation)	
Heather Hemin	rec	at (863	291-362	7
(Nante	of Contact Person)	(Area Co	de) (Daytime Telephone	Number)
Enclosed is a check for the followi	-		nt of State:	
\$35 Filing Fee S	13.75 Filing Fee & \$\sum \$\\$43.75 \\ \text{ertificate of Status} \text{Certifition} \\ (Addition encloses the content of the cont	ional copy is (sed)	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Addres	e C	Street Addr	PSS	

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

STONEBRIDGE PATTO HOM	ES HOMEOWNER'S ASSOCIATION, INC.
(Name of Corporation	as currently filed with the Florida Dept. of State)
	750035
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
	The new
"Company" or "Co," may not be used in the name	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OOX)
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the
Name of New Registered Agent:	HEATHER HEMINGER
New Registered Office Address:	2124 KINGS XING SW (Florida street address)
	WINTER HAVEN, Florida 33850 (City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: . I am familiar with and accept the obligations of the position.
_	Wather & Heninger
	Signature of New Registered Agent, if changing

Page 1 of # 5

15 SEP 28 AM 7: 19

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 Mike	Doe e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	<u>P</u>	James Port	2114 Kings XingSW Winter Haven FL 33880
2) Change		Coni Duffield	2111 Kings Xing SW Winter Haven, Fr 33880
Remove 3)ChangeAddRemove	T	Bob Boffo	2105 Kings Crossing Sh Winter Haven PL 33850
4) Change	5_	Heather Heminger	2119 Kingo Xing SW Winter Haven, FL 33880
5) Change Add Remove	<u>P</u>	Mae Greene	2116 Kings Xing SW Winter Haven, Fr. 33880
6) Change Add Remove	<u>VP</u>	Marilyn Lacey	2123 Kings Xing SW Winter Haven, FZ 33880
		Page 2 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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
7) Change Add Remove	<u>D</u>	Marge Charest	2110 Kings Xing SW Winter Haven, FL 33880
%) Change Add	DT	Polly English	2112 Kings Xing SW Wirter Haven, PL 33880
Remove Change Add Remove	SD	Marion Johnson	2109 Kings Xing SW Winter Haven, FL 33880
Change Add Remove	D	Thelma Carter	2115 Kings Xing SW Winter Haven, FL 33880
5) Change Add Remove			
6) Change Add Remove		Page Fof A	
		rage x of A	

f amending or adding add ttach additional sheets, if n	ecessary). (Be s	pecific)	_	
Λ	I/A			

	, 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 document's effective date on the Department of State's records.	e listed as the		
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 $\frac{9/23/15}{}$			
Signature James Post	-		
(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)			
JAMES C. PORT			
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			