## 763362

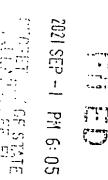
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A. Butter

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO          | PRATION: BOCA GROVE PL  | ANTATION PROPERTY   | OWNER'S ASSOCIATION   |  |  |
|------------------------|---|---|---|--|--|
| DOCUMENT NUM           | IBER: 763362  |   |   |  |  |
| The enclosed Article   | s of Amendment and fee are sul  | bmitted for filing.   |   |  |  |
| Please return all corr | espondence concerning this mat  | ter to the following:   |   |  |  |
|                        | JENNIFER M JOLLY  |   |   |  |  |
|                        |   | Name of Contact Person  | n   |  |  |
|                        | Firm/ Company   |   |   |  |  |
|                        | 21351 WHITAKER DR   |   |   |  |  |
|                        | Address   |   |   |  |  |
|                        | BOCA RATON, FL 33433  |   |   |  |  |
|                        | City/ State and Zip Code  |   |   |  |  |
|                        | KMAMMEN@BOCAGROVE.ORG   |   |   |  |  |
|                        | E-mail address: (to be us   | ed for future annual report                                       | notification)   |  |  |
| For further informati  | on concerning this matter, pleas  | se call:  |   |  |  |
| KELLY MAMMEN           |   | at (  | 593-0395  |  |  |
| Name                   | e of Contact Person   | Area Co   | de & Daytime Telephone Number   |  |  |
| Enclosed is a check i  | for the following amount made p   | payable to the Florida Dep  | artment of State:   |  |  |
| □ \$35 Filing Fee      | □\$43.75 Filing Fee & Certificate of Status                             | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                      |  |  |
| An<br>Di<br>P,0        | nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Ameno<br>Divisio<br>The C<br>2415 i                               | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite \$10 hassee, FL 32303 |  |  |

## Articles of Amendment to Articles of Incorporation

## BOCA GROVE PLANATION PROPERTY OWNER'S ASSOCIATION, INC.

☐ The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

FHED

| (Name of Corporation as   | currently filed with the Flor  | ida Dept. of State)                  |  |  |
|---|--|--------------------------------------|--|--|
| 63362   | (Name of Corporation as currently filed with the Florida Dept. of State) |                                      |  |  |
| (Document N   | Number of Corporation (if-know   | wn) OF STATE                         |  |  |
| ursuant to the provisions of section 607,1006, Florida Statt<br>s Articles of Incorporation:  | utes, this <i>Florida Profit Corpo</i>                                   | ration adopts the following amendmen |  |  |
| . If amending name, enter the new name of the corpor  | ration:  |                                      |  |  |
|   |  | The new                              |  |  |
| ame must be distinguishable and contain the word "corpora"<br>'Inc.," or Co.," or the designation "Corp," "Inc," or<br>'chartered," "professional association," or the abbreviation | "Co". A professional corpo   |                                      |  |  |
| Enter new principal office address, if applicable:  |  |                                      |  |  |
| Principal office address <u>MUST BE A STREET ADDRES</u>   | <u>SS</u> )  |                                      |  |  |
|   |  |                                      |  |  |
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|   |  |                                      |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  |                                      |  |  |
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|   |  |                                      |  |  |
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|   |  |                                      |  |  |
| . If amending the registered agent and/or registered of   |  | r the name of the                    |  |  |
| new registered agent and/or the new registered office   | e address:   |                                      |  |  |
| Name of New Registered Agent  |  |                                      |  |  |
|   |  |                                      |  |  |
| (1  | Florida street address)  |                                      |  |  |
|   | ,  |                                      |  |  |
| New Registered Office Address:  | (City)   | , Florida<br>(Zip Code)              |  |  |
|   | (CIÚ)  | (Zip Cine)                           |  |  |
|   |  |                                      |  |  |
| ew Registered Agent's Signature, if changing Registere  | ed Agent:  |                                      |  |  |
| hereby accept the appointment as registered agent. I am j   | <u>eq Agent.</u><br>familiar with and accept the ol                      | bligations of the position.          |  |  |
|   | •  | . , ,                                |  |  |
|   |  |                                      |  |  |
|   |  |                                      |  |  |
|   |  |                                      |  |  |
| Signature   | of New Registered Agent, if ch   | anging                               |  |  |

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          | <u>PT</u> <u>Jo</u> | ohn Dog         |                      |
|----------------------------|---------------------|-----------------|----------------------|
| X Remove                   | <u>V</u> <u>M</u>   | fikę Jones      |                      |
| X Add                      | <u>SV</u> <u>Sa</u> | ally Smith      |                      |
| Type of Action (Check One) | <u>Title</u>        | <u>Name</u>     | <u>Addres</u> s      |
| 1) Change                  | CFO                 | PATRICK SHALLOO | 21351 WHITAKER DR    |
| X Add                      |                     |                 | BOCA RATON, FL 33433 |
| Remove                     |                     |                 |                      |
| 2) Change                  |                     |                 |                      |
| Add                        |                     |                 |                      |
| Remove 3 ) Change          |                     |                 |                      |
| Add                        |                     |                 |                      |
| Remove                     |                     |                 |                      |
| 4) Change                  |                     |                 |                      |
| Add                        |                     |                 |                      |
| Remove                     |                     |                 |                      |
| 5) Change                  |                     |                 |                      |
| Add                        |                     |                 |                      |
| Remove                     |                     |                 |                      |
| 6) Change                  |                     |                 |                      |
| Add                        |                     |                 |                      |
| Remove                     |                     |                 |                      |

| , A                                   | ending or adding additiona                                | l Articles, enter c | :hange(s) here:    |                        |             |
|---------------------------------------|---|---------------------|--------------------|------------------------|-------------|
| сплу                                  | ch additional sheets, if necessor                         | иу).— (ве specifi   | (C)                |                        |             |
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| F. <u>If an</u>                       | amendment provides for an<br>visions for implementing the | exchange, reclas    | sification, or can | cellation of issued sh | ares.       |
| PIV                                   | (if not applicable, indicate N/                           | (A)                 | or contained in th | camenument usen.       |             |
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| The date of each amendment(s) adopt date this document was signed.               | ion:  | , if other than the                   |
|--|---|---------------------------------------|
| Effective date if applicable:  |   |                                       |
|  | (no more than 90 days after amendment file date)  | <del></del>                           |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the applicable statutory filing requirements ment of State's records.   | , this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                                       |
| ■ The amendment(s) was were adopted action was not required.                     | by the incorporators, or board of directors without shareho   | lder action and shareholder           |
| ☐ The amendment(s) was/were adopted<br>by the shareholders was/were suffici      | by the shareholders. The number of votes cast for the ame ent for approval.   | ndment(s)                             |
|  | ed by the shareholders through voting groups. The following a voting group entitled to vote separately on the amendment   |                                       |
| "The number of votes cast for t  | he amendment(s) was/were sufficient for approval  |                                       |
| by   | (voting group)  |                                       |
|  | (voting group)  |                                       |
| selected, by appointed f   | or, president or other officer – if directors or officers have n<br>an incorporator – if in the hands of a receiver, trustee, or of<br>duciary by that fiduciary)  NIFER M JOLLY  (Typed or printed name of person signing) |                                       |