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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section. Division of Corporations

| NAME OF CORPORATION: Countryside PUD Residential Homeowners Association, Inc. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: 765341 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Lee Williamson |
| (Name of Contact Person) |
| Countryside P.U.D. Residential Homeowners Association, Inc. |
| (Firm/ Company) |
| 951 Village Trail (Address) |
| (Address) |
| Port Orange F2 32127 (City/ State and Zip Code) |
| (City/ State and Zip Code) |
| Countyside and Catt. net E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Lee Williamson at (386) 768-2604 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |

Mailing Address
Amendment Section Division of Corporations P O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

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| _ | of |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Country de PuD Re | of esidential Home owners Asso ently filed with the Florida Dept. of State) |
| (Name of Corporation as curre | ently filed with the Florida Dept. of State) |
| 76534 | I NC |
| | nber of Corporation (if known) |
| previant to the provisions of section 617 1006. Florida Statu | utes, this Florida Not For Profit Corporation adopts the following |
| nendment(s) to its Articles of Incorporation: | , |
| . If amending name, enter the new name of the corpora | ation: |
| NA | The new |
| | ration" or "incorporated" or the abbreviation "Corp." or "Inc." |
| Company" or "Co." may not be used in the name | NI A |
| . Enter new principal office address, if applicable: | N/A |
| Principal office address <u>MUST BE A STREET ADDRESS</u> | $\frac{S}{2}$) |
| | |
| | Z Z |
| Catana and the analysis of annihilation | 22 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A 2 399C |
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| | |
| If amending the registered agent and/or registered of new registered agent and/or the new registered office | |
| new registered agent and/or the new registered office | 1.0 |
| Name of New Registered Agent: | _N/A |
| | V |
| | (Florida street address) |
| New Registered Office Address: | |
| N. | IA Florida |
| | (City), Florida, Florida |
| | |
| ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j | tanilar with and accept the obligations of the position |
| tereo, accept the appointment as registered agent. I am j | partition and the conference of the position. |
| 1) | IA |
| <u>~</u> | Signature of New Registered Agent. if changing |
| | Signature of their registered rigenic of enunging |

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>V</u> <u>Mik</u> | n Doe se Jones y Smith | |
|---------------------------------|---------------------|------------------------------|---------------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | <u>.p</u> | Joan Toscar | 905 Teaberry Lane Boxt Ovange, Fr 32127 |
| 2) Change Add | p. <u>p.</u> | Cameron Lane | 951 Village Tvail Port Orange Fe 32127 |
| Remove 3) Change Add Remove | | Jake Morris | 1526 Center Street Deland Fr 32720 |
| 4) Change | <u></u> | Harry Croft | 1013 BelleHower Dr. Port Ovange Fr 32127 |
| 5) Change Add Remove | | Shirley Johnson | 3932 Oak Crest Cir. Port Drange Fr 32129 |
| 6) Change Add Remove | | | |

| • | s, if necessary) | 1 | | | | | |
|------------------------------------------------|------------------|----------|----------|--------------|---------------|--------------|--|
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| The date of each amendment(s) adoption: date this document was signed. | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Shalis | SPCRETARY OF STATE SPCRETARY OF STATE DIVISION OF CORPORATIONS The than 90 days after amendment file date) |
| (no mor | eet the applicable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHEC | CK ONE) |
| ☐ The amendment(s) was/were adopted by the n was/were sufficient for approval | nembers and the number of votes cast for the amendment(s) |
| There are no members or members entitled to adopted by the board of directors. | vote on the amendment(s). The amendment(s) was/were |
| Dated <u>4/16/15</u> | |
| y <i>p</i> | nairman of the board, president or other officer-if directors an incorporator – if in the hands of a receiver, trustee, or ciary by that fiduciary) |
| Juc | (Typed or printed name of person signing) |
| TK | CEASURER (Title of person signing) |