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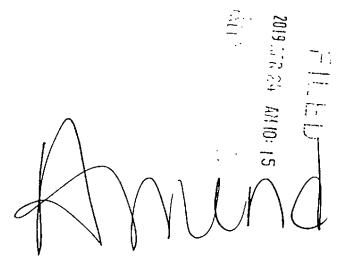
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

FOX GLEN HO	OMEOWNERS' ASSO	CIATION, INC.		
765910				
DOCUMENT NUMBER:				-
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this	matter to the following	:		
GABRIEL HANWAY				
	(Name of Contac	t Person)		
maileaghaidhantra	intom			
mailegabrielhantva	(Firm/ Comp	pany)		_
P.O. BOX 10465				
	(Address			_
Tallahassee, FL 323	02			
	(City/ State and 2	Lip Code)		
mail@ gabnethan	way, con	W		
E-mail address: (to be	e used for future annua	report notification	on)	
For further information concerning this matter, p	dease call:			
GABRIEL HANWAY		646 at	210-6119 (Daytime Telephone Number)	
(Name of Contact P	erson)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount ma	ide payable to the Flori	da Department o	f State:	
	ce & \$\Bigsiz\$\$ \$\\$43.75\$ Filing certified Copy (Additional coenclosed)	Py is Cert Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	
Mailing Address Amendment Section		Street Address Amendment Sec		
Division of Corporations P.O. Box 6327		Division of Cor Clifton Building	porations	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

4	Articles	s of Incorporation of		
FOX GLEN HOMEOWNERS' ASSOCIATION, INC		VI		. Polg .
(Name of Corporation as	curren	itly filed with the Florida Dep	t, of State)	<u> </u>
765910				
(Documen	ıt Numb	per of Corporation (if known)		{
Pursuant to the provisions of section 617.1006. Florida mendment(s) to its Articles of Incorporation:	i Statute	es, this Florida Not For Profit	Corporation adopts	s the following
A. If amending name, enter the new name of the co	orporat	tion:		•
				The new
name must be distinguishable and contain the word "e "Company" or "Co." may not be used in the name.		ition" or "incorporated" or the	abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		1 .2	1 Chront	
Trincipal office dualess stroot Be governe	<u></u>) <u>1200 E Pear</u> Monticello,	~ Street	
		Monticello,	FL 3234	14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)	P.O. Box 10465		
		Tallahussee, FL 32302		
D. If amending the registered agent and/or register			he name of the	
new registered agent and/or the new registered				
Name of New Registered Agent:	ПСНАЕ ———	EL RAYBOUN 		*
16)5 WES	ST FIFTH AVENUE		
		(Florida stre	et address)	
<u>New Registered Office Address:</u>				
T	TALLAHASSEE		Florida	
		(City)	(Zip Code	•)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Lam fa	1 Agent: amiliar with and accept the obli	gations of the posit	ion.
	$\overline{}$	m D. P.		
	S	Signature of New Registered Ag	ent, 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	n Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	CURTIS TYRE	1114 N. ADAMS ST.
Add			TALLAHASSEE, FL32303
X Remove			
2) Change	VP	JANICE L TYRE	1114 N. ADAMS ST.
Add			TALLAHASSEE, FL 32303
X Remove	<i>m</i>	CONTRACT AND A VIVIE	1025 WILLOW BLIN DRIVE
3) Change	<u>T</u>	CONNIE GRAVIUS	1925 WILLOW RUN DRIVE TALLAHASSEE. FL 32308
Add X Remove			TALLAHASSEL. 1 L 32300
4) Change	P	GABRIEL G HANWAY	P.O. Box 10465
X Add	<u></u>		Tallahassee, FL 32302
Remove			•••
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)					
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<u> </u>		<u>.</u>				
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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 document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 4-19-19	
Signature Sabrum J. Harway	_
(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)	
Gabriel G. Hannay	
(Typed or printed name of person signing)	

President (new)