## 766685

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PINE TIP HOMEOWNERS ASSOC.					
DOCUMENT NUMBER: 766685					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JOHN KESSLER					
(Name of Contact Person)					
(Firm/ Company)					
1400 VILLAGE SQ BLVD 3-300					
(Address)					
HOO VILLAGE SO BLVD 3-300 (Address)  TALCAHASSEE FL 32312 (City/ State and Zip Code)					
(City/ State and Zip Code)					
JKESS 1979 © Comcast. NET  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TOHN KESSLEK  (Name of Contact Person)  at (950) 893-1883  (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					
Mailing Address Street Address					

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

ED

## Articles of Amendment to Articles of Incorporation of

2015 AUG 3 | PM 3: 34

SECRETARY OF STATE

(Name of Corporation as cur	months Glad with the Flori	TA AMASSITING BE
(Name of Corporation as cur	rently med with the Fiori	an Dept. of State
(Document No	umber of Corporation (if kn	oown)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corp 'Company <mark>" or "Co." may not be used in the name</mark> .	oration" or "incorporated	" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(mailing undress MAT BE A TOST OFFICE BOA)		
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flo	orıda street address)
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		the obligations of the position.
	Signature of New Registe	ered 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	PT John Doe Y Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	S LETITIA WILLIS	3678 Dwight Paus Thura. F.L. 32312
2) Change Add	T NORMAN HOLLY	3198 SALLY LN TALLA, FL 32812
Remove 3) Change Add	S PAMELA S. LESLIE	3772 SALLY LN TALLA, FL 32312
Remove 4) Change Add Remove	T JOHN KESSLEA	JALLA. GL. 323pm
5) Change Add Remove		
6) Change Add Remove		

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
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	e date of each amendment(s) adopti	ion: 8/29/15	, if other than the
	ective date <u>if applicable</u> :	(nb more than 90 days after amendment file date)	· · ·
	e: If the date inserted in this block dument's effective date on the Departr	loes not meet the applicable statutory filing requiremment of State's records.	ents, this date will not be listed as the
\ do	option of Amendment(s)	(CHECK ONE)	
Σĺ	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for t	the amendment(s)
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment	ent(s) was/were
	Dated	7.111-1	
	have not been so	or vice chairman of the board, president or other of elected, by an incorporator – if in the hands of a receinted fiduciary by that fiduciary)	
	F.DE	(Typed or printed name of person signing	<u>.</u>
	PRES	IDENT	
		(Title of person signing)	