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Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2017

ELLEN SHAPIRO 1003 N ADAMS ST TALLAHASSEE, FL 32303

SUBJECT: GOVERNOR'S CORNER OWNERS ASSOCIATION, INC. Ref. Number: 769935

We have received your document for GOVERNOR'S CORNER OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The change of registered agent form cannot be used to change officers or directors. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 917A00016597

COVERTETTER

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COVENTRITER	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: GOVERNOR'S Corner Owners Assn, Inc. DOCUMENT NUMBER: 769935	
DOCUMENT NUMBER: 769935	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ellen Shapiro (Name of Contact Person)	
(Name of Contact Person)	
(Firm/ Company)	
1003 N. Adams St Tall FL 32303	
(Address)	
'Tall FL 32303	
(City/ State and Zip Code)	
ellen shap iRO5 pgmail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Same Eller Shapiro 850 556 262	5
(Name of Contact Person) (Area Code) (Davtime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\$\B\$\$43.75 Filing Fee & \$\B\$\$43.75 Filing Fee & \$\B\$\$52.50 Filing Fee	
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy	
1 ready Sent Certificate of Status Certificate of Status	
Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2664 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32301	

'		FILED
٨	Articles of Amendment	FILL C
А	to rticles of Incorporation	17 AUG 28 PH 3: 39
Governors Co	The Ore	on of the first starting
(<u>Name of Corporation as c</u>	urrently filed with the FI	orida Dept. of State)
7	69935	
(Document)	Number of Corporation (if	known)
rsuant to the provisions of section 617,1006, Florida 5 lendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	for Profit Corporation adopts the following
If amending name, enter the new name of the corr	poration:	, d A
		NIA The new
me must be distinguishable and contain the word "co. <u>Company" or "Co." may not be used in the name</u> .	rporation" or "incorporal	ed" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADD</u> R	(ESS)	
	·	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>		
(maining address <u>MAT BE A FUST (OFFICE BOX</u>	.,	
If amending the registered agent and/or registered		a, enter the name of the
new registered agent and/or the new registered of	<u>Mce address:</u> A	CLA
Name of New Registered Agent:	/	1/1
		Florula street addressy
<u>New Registered Office Address</u> :		
		, Florida (Zip Code)
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered agent. The appointment as registered agent. The second seco	<u>tered Agent:</u> am familiar with and acce	pt the obligations of the position.
	2	1 (A
	Signature of New Dec	N///T
	signature of New Reg	sacrea Agent, y changing

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Page 1 of 4

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary). (Be specific)

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NA

Page 3 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:

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(Attach additional sheets, if necessary)

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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 = ChuefExecutive 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John I</u> V <u>Mike</u> SV <u>Sally</u> :	Jones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	ES ES	Ryan Sepper	<u>1007 N Adams St</u> Tall FL 32303
2) Kemove 2) Change	PE	Ellen Shapir	0 <u>1003 N A</u> clams St Tall FL 32303
Remove			
Remove 6) Change Add		<u> </u>	
Remove		Page 2 of 4	

The date of each amendment(s) adoption: _____ date this document was signed.

_____ if other than the

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 listed as the document's effective date on the Department of State's records.

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

Signature

(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)

Ellen Shapiro (Typed or printed name of person signing)

President

(Title of person signing)