769935

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COVER LETTER

TO: Amendment Section
Division of Corporations

	CORNER OWNERS AS	SOCIATION	, INC.	
NAME OF CORPORATION:	<u> </u>			, 6
769935 DOCUMENT NUMBER:		<u></u> -		
The enclosed Articles of Amendment and fee are				•
Please return all correspondence concerning this	matter to the following:			
Ellen Shapiro				
	(Name of Contact P	erson)		
GOVERNOR'S CORNER OWNERS ASSOCIA	ATION, INC.			
	(Firm/ Compan	y)		
1003 N Adams St				
	(Address)			<u> </u>
Tallahassee, FL 32303				
	(City/ State and Zip	Code)		
ellenshapiro5@gmail.com				
E-mail address: (to b	e used for future annual re	port notificati	on)	
For further information concerning this matter, p	olease call:			
Ellen Shapiro	a		556-2625	
(Name of Contact I	Person)	(Area Code) (Daytime Teleph	one Number)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of S	Fee & \$\Bigsiz\$ \$\Bigsiz\$ \$\text{S43.75 Filing Fe} tatus & Certified Copy (Additional copy enclosed)	Cer is Cer (Ac	2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	
Mailing Address Amendment Section	Ā	treet Addres	ection	

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

Articles of Amendment to Articles of Incorporation of

GOVERNOR'S CORNER OWNERS ASSOCIATION, INC.	S14
(Name of Corporation as currently filed with the Florida De	nt of State)
769935	per or orace,
(Document Number of Corporation (if known)	
	•
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> imendment(s) to its Articles of Incorporation:	t Corporation adopts the followin
A. If amending name, enter the new name of the corporation:	
	The net
name must be distinguishable and contain the word "corporation" or "incorporated" or th "Company" or "Co." may not be used in the name.	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
	<u>.</u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Florida, enter	the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
	reet address)
New Registered Office Address:	
	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the ob	ligations of the position.
Signature of New Registered A	Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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, Ta 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 Cl Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Т	Ryan Sepper	1007 N Adams St
Add			Tallahassee, FL 32303
XX Remove			
2) Change	S	JACQUELINE A. JONES	108 ETHIRD AVE
XX Add			Tallahassee, FL 32303
Remove			
3) Change	T	Maria D. Barker	2329 KILKENNY DR E
XX Add			Tallahassee, FL 32309
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
<u></u>						<u></u>
				<u> </u>	<u>. </u>	
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The date of each amendment(s) adopt date this document was signed.	ion:, if other
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors. Dated	entitled to vote on the amendment(s). The amendment(s) was/were
Signature	
(By the chairman have not been s	or vice chairman of the bend president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary) (Typed or printed name of person signing)
	(Title of person signing)