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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

•	
NAME OF CORPORATION: BLEM	ville Square Townhomes Associai
DOCUMENT NUMBER: 77/6	037
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
William C. Yola	dstrough une of Contact Person)
	(Firm/ Company)
115 Hughes	(Address) (Address)
fort Walton	Beach Fl. 32548 ty/ State and Zip Code)
For further information concerning this mat	ter, please call:
William Moldstrong. (Name of Contact Person)	at (850) 664 - 7972 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S2.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

A whiches of Importan	ration				
Articles of Incorporation of Bienvelle Square Journhomes Association phi (Name of Corporation as currently filed with the Florida Dept. of State)					
(Document Number of Corpora	tion (if known)				
Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:					
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	i "corporation" or "incorporated" or the to be used in the name.				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ON NOW IN				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 12: W				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac					
114 Hu	ahes St NE B-1 Ida street address) Altra Beh Florida 32548				

New Rezistered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

(Zip Code)

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)

Title	Name	Address	Type of Actio
esident	William C. Golds brions	115 Huches ST NE B-(FUT Walten Bch	Add Remove
		tl 32548	Add Remove
esident	Joanna Martin	59 pregon Ft Walton Bch Fr	Add Remove
		FT Wallon Bch FU 3254	18
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specific		
(40.007, 000	antonia inacis, ij necessaryj. (22 speciji		
			
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The date of each amendment(s) a	doption: 110. 2 2008
Effective date if applicable:	Mor 7 2008
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated M	W. 2,2008
Signature	William C Goldsborous
(By the have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	Onterin Resident (Title of person signing)