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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: HAMPTON PARI	K FACILITIES ASSOCIAT	FION, INC.	
N0000002168 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Robert N. Manning, Esq.			
	(Name of Contact Perso	n)	
MANNING LAW FIRM, PLLC			
	(Firm/ Company)		
7827 N.Wickham Road, Suite C			
	(Address)		
Melbourne, FL 32940			
	(City/ State and Zip Cod	le)	
E-mail address: (to be us	sed for future annual report	notification	1)
For further information concerning this matter, plea	se call:		
Robert N. Manning, Esq.	32 at		473-7999
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations		on of Corpo	

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

FILED

2024 AUG 27 PH 1:47 HAMPTON PARK FACILITIES ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N00000002168 (Document Number of Corporation (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: (Florida street 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 obligations of the position.

Signature of New Registered 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>PD</u>	Mary Cornell	7145 Turner Road Suite 101
 x Remove 2) x Change Add 	<u>s</u>	Mary Scavelli	Rockledge, FL 32955 7145 Turner Road Suite 101
Remove 3) Remove × Add Remove	<u>P</u>	Lorri Estv	Rockledge, FL 32955 7145 Turner Road Suite 101 Rockledge, FL 32955
4) Change Add	<u>T</u>	Jeanne Gaspar	7145 Turner Road Suite 101
Remove 5) Change Add	D	Mike Rios	Rockledge, FL 32955 7145 Turner Road Suite 101
6) Change Add			Rockledge, Fl. 32955
E. If amending or ad (attach additional sa		Articles, enter change(s) here: :). (Be specific)	
	<u> </u>		

					
					
					
					
					
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•					
The date of each amendment(c) adoptions	_, if other than the				
The date of each amendment(s) adoption:	_, ir odier man the				
Effective date if applicable: August 22, 2024					
(no more than 90 days after amendment file date)					
The second of th					
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

O9/13/24

Signature

Lorri Esty

(Typed or printed name of person signing)

President

(Title of person signing)

Authenosign ID: 89AD7229-F971-EF11-991A 002248299C60



August 30, 2024

ROBERT N. MANNING, ESQ. 7827 N. WICKHAM ROAD SUITE C MELBOURNE, FL 32940

SUBJECT: HAMPTON PARK FACILITIES ASSOCIATION, INC.

Ref. Number: N00000002168

We have received your document for HAMPTON PARK FACILITIES 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 form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 224A00019591