N00000000000141

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | • | |
|--|--|--|
| | HOUSING DEV | ELOPMENT CORP. |
| NAME OF CORPORATION: | | |
| DOCUMENT NUMBER: NOOOOOO | 4741 | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matte | er to the following: | |
| Judy M. Adams | | |
| | (Name of Contact Person |) |
| Crestview Housing Deve | elopment Co | orp. |
| | (Firm/ Company) | · · · · · · · · · · · · · · · · · · · |
| 371 W. Hickory Avenue | | |
| | (Address) | |
| Crestview, FL 32536 | | |
| | (City/ State and Zip Code |) |
| judy726@chafl.co | m | |
| E-mail address: (to be used | for future annual report r | otification) |
| For further information concerning this matter, please | call: | |
| Judy M. Adams | _{at} (850 | 682-5025 |
| (Name of Contact Person) | | de & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | rtment of State: |
| \$35 Filing Fee \$\times \text{Certificate of Status}\$ | □\$43.75 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 Tallahassee, FL 32314 | Amendi Division Clifton 2661 Ex | Address ment Section n of Corporations Building Recutive Center Circle ssee, FL 32301 |





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2012

JUDY M. ADAMS CRESTVIEW HOUSING DEVELOPMENT 371 W. HICKORY AVENUE CRESTVIEW, FL 32536

SUBJECT: CRESTVIEW HOUSING DEVELOPMENT CORPORATION

Ref. Number: N00000004741

We have received your document for CRESTVIEW HOUSING DEVELOPMENT CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The date of adoption of each amendment must be included in the document.

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 212A00024237

CHOPPEDE DECEMBER PARK AND CONCOMMENT

| . '1 | Arti | cles of Amendment | | |
|---|-----------------------|---|-----------------------------|----------------|
| • | · | to les of Incorporation | | (|
| (Name of Corporation as curr | HUISI | Plorida Dept. of State | opment C | orpovon 100 |
| Pursuant to the provisions of section 6 amendment(s) to its Articles of Incorp | | utes, this <i>Florida Not For</i> | r Profit Corporation adopts | the following |
| A. If amending name, enter the new | v name of the corpor | ation: | | |
| N/A | | | | The new |
| name must be dislinguishable and con "Company" or "Co." may not be use | | ration" or "incorporated | " or the abbreviation "Cor | p." or "Inc." |
| B. Enter new principal office address MUST BE | ess, if applicable: | <u>N/A</u> | | |
| | | | | <u></u> |
| C. Enter new mailing address, if a (Mailing address MAY BE A PO) | | N/A | | - 1001 Is |
| D. If amending the registered agen new registered agent and/or the Name of New Registered Age | new registered office | address: | enter the name of the | - 2:1 |
| | | | | |
| New Registered Office Address: | N/A (Cit | (Florida street address) y) | , Florida (Zip Code) | ·· |
| New Registered Agent's Signature, | if changing Registere | ed Agent: | | |
| I hereby accept the appointment as re | gistered agent. I am | familiar with and accept Adama istered Agent, if changing | | on. |

Page 1 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:

(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>Mil</u> | n <u>Doe</u> te <u>Jones</u> y <u>Smith</u> | |
|----------------------------------|---------------------|---|---|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| X Change | CEO | Judy M. Adams | 371 W. Hickory Avenue |
| Add | | | Crestview, FL 32536 |
| Remove | | | |
| 2) Change | DT | Malcolm Haynes | 371 W. Hickory Avenue |
| Add X Remove | | | Crestview, FL 32536 |
| Remove 3) Change | D | George Stakley | 371 W. Hickory Avenue |
| Add | | | Crestview, FL 32536 |
| X Remove 4) Change Add | <u>D</u> | Charles Cosand | 2705 Arabian Court Crestview, FL 32536 |
| X Remove 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| The date of each amendment(s) adoption: Left 24, 2012 |
|--|
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| 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 1ept 24, 2012 |
| Signature Judy M. Adams |
| (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) |
| JUDY M. ADAMS |
| (Typed or printed name of person signing) Adamy |
| // /(Title of person signing) |