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(Re	equestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TOWER OAKS	S SUBDIVISION HOME	EOWNERS ASSQ
DOCUMENT NUM	BER: N01000008557		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	 	SA SMITH Contact Person)	
	ASSOC, MGT SUP	PORT & SERVICES INC.	
 		/ Company)	
	POST OF	FICE BOX 3621	
	(A	Address)	
	TLH,	FL 32314	
	(City/ Stat	e and Zip Code)	
	ASSOC_MG	T@YAHOO.COM If for future annual report notifications	ation)
For further information	on concerning this matter, please	-	
MELISA SMITH		at (850) _528-504	
(Name	of Contact Person)	(Area Code & Daytir	ne Telephone Number)
Enclosed is a check for	or the following amount made pa	ayable to the Florida Department	t of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle

Articles of Amendment to **Articles of Incorporation** of

TOWER OAKS SUBDIVISION HOMEOWNER ASSOCIATION 時間1

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N01000008557

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Sta the following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corpo	ration:
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." ma	
B. Enter new principal office address, if applicable:	1708 CORDELL DRIVE
(Principal office address <u>MUST BE A STREET ADDRE</u>	TALLAHASSE, FL 32303
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX 3621
	TALLAHASSEE
	FL 32315
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent:	MELISA SMITH
170	08 CORDELL DRIVE
New Registered Office Address:	Florida street address)
	TALLAHASSEE , Florida 32303
····	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent
	am familiar with and accept the obligations of the
Signature of	Now Pagistanad Agant if changing

Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Change titles of officers **Title** Address **Type of Action** Р **JOHN SHERER** ☐ Add ☐ Remove VP **JED PADILLA** ☐ Remove S/T **GINGER DRYE** ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) THE FEDERAL ID NUMBER NEEDS TO BE CORRECTED TO: 32-0080299

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s	adoption: 8-/-//
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
DatedSignature	
(By the have	he chairman or fice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	JOHN SHERER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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