

ND10000058793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/15--01009--031 **35.00

FILED
15 JUL -8- AM 11:56
TALLAHASSEE, FLORIDA

Amd
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JUL 07 2015
R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

MICHELLE WALTERS
5227 PHILLIPS OAKS LN
ORLANDO, FL 32812

SUBJECT: PHILLIPS COVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N01000008793

We have received your document for PHILLIPS COVE HOMEOWNERS 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):

You have submitted the wrong form. Changes to the officer/director detail cannot be made using the change of registered agent form.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00012758

RECEIVED
JUN 16 2015
DIVISION OF CORPORATIONS
OF THE FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Phillips Cove HOA

DOCUMENT NUMBER: NO10000008793

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Walters
(Name of Contact Person)

(Firm/ Company)

3227 Phillips Cove Oaks Ln
(Address)

Orlando FL 32812
(City/ State and Zip Code)

michwalters@a-mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Walters at 321 662 7058
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

15 JUL -6 AM 11:56

Phillips Cove HOA

(Name of Corporation as currently filed with the Florida Dept. of State)

201000008793

(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:

The new 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)

Michelle Balwin
5232 Phillips Oaks
Orlando FL 32812

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:

Michelle Walcott
5227 Phillips Oaks Ln
(Florida street address)

New Registered Office Address:

Orlando, Florida 32812
(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | Type of Action
(Check One) | Title | Name | Address |
|--|--------------|-------------------------|---|
| 1) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>Pres</u> | <u>Michelle Belvin</u> | <u>5232 Phillips Oaks</u>
<u>Orlando 32812</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>Sec</u> | <u>Michelle Walters</u> | <u>5227 Phillips Oaks</u>
<u>Orlando 32812</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>Treas</u> | <u>Natalie Woods</u> | <u>5214 Phillips Oaks</u>
<u>Orlando 32812</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>Sec</u> | <u>Albert Moore</u> | <u>5238 Phillips Oaks</u>
<u>Orlando 32812</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | | <u>David Case</u> | <u>5221 Phillips Oaks</u>
<u>Orlando 32812</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>Pres</u> | <u>Jay Belvin</u> | <u>5214 Phillips Oaks</u>
<u>Orlando 32812</u> |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 6/30/15

Signature [Signature]
(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)

Michelle Walters
(Typed or printed name of person signing)

Secretary
(Title of person signing)