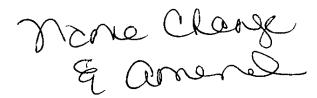
NO1296

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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5/3/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: C. A.V. HOMEOWNERS COOPERATIVE,	Inc
DOCUMENT NUMBER: NO 1296	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bonne JOHNSTONE (Name of Contact Person)	
CAV HOMEOWNERS COOPERATIVE, INC.	
39333 BLUE SKYE DRIVE (Address)	
LEPHYRHILLS, FLORIDA 33542 (City/State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bonne TOHNSTONE at (813) 782-8270 (Name of Contact Person) (Area Code & Daytime Telephone Number	<u></u>
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Secretificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Secretified Copy (Additional Copy is Enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of FILED

	of	• • • •	
		2012 APR 30	WH IOF 1.
(Name of Corporation as currently filed with	h the Florida Dept. of Sta	te)	VOF STATE
(Name of Corporation as currently filed with C.A.V. HOMEOWNERS (Document Number of	COOPERATIO	JE I SECRETAR	时1396
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:		-, 1,0	
A. If amending name, enter the new name of the c	corporation:		
CAV HOMEOWNERS	5 COOPERATIO	IE, INC.	The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation" or "incorpor	ated" or the abbreviation	"Corp." or "Inc."
,	.10		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	le: NA		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX) NIA		
			•

D. If amending the registered agent and/or registe		ida, enter the name of th	<u>1e</u>
new registered agent and/or the new registered			
Name of New Registered Agent:	PETER S	CHAUB	
393	33 BLUESKY	IE, DR.	
	(Florida street addres.		
New Registered Office Address:		_	
Lef	PHYRHILLS (City)	, Florida <u>- </u>	33542
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re	egistered Agent:	cent the obligations of the	position.
mercoy accept the appointment as registered again.			F - 2
Signature of N.	ew Registered Agent, if cha	nging	
Signature Of the	The state of the s	···o····ō	
	v D1-64		

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _X Change Add Remove	ρ	PETER SCHAUB	39249 HOMECREST DR ZEPHYRHILLS, FL 33542
2) X Change Add Remove	VP	ARTHUR BEAVER	39249 RECESS DR. ZEPHYRHILLS, FL 33542
3) X Change Add Remove	T	VIRGINIA MOOMEY	39236 MAHER DR. TEPHYRHILLS, FL 33542
4) X Change Add Remove	D	FREDRIC PLANK	6336 BALMY LN. LEPHYRHILLS FL. 33542
5) Change Add Remove			
6) Change Add Remove			

If amending or ad attach additional s	heets, if necessary	y). (Be specific	<u>nange(s) nere</u> . :)		
NIA					
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The date of each amendment(s) adoption: APRIL 20, 2012
Effective date if applicable: APRIL 24, 2012
(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 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)
getet J. Schaub
(Typed-or printed name of person signing) (Title of person signing)