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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Easton Homeowner's Association, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) ASSOC, ATTON EASTON FOREST DR (Address) TALLAHASSEE FL 32317
(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CALL R MEYER at (850) 508 5422

(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: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

	Oι	1 11
EASTON HOMEOWNE	RS ASSOCRATION, INC.	2015 HAR -5 PM 3: 1
(Name of Corporation as currently	filed with the Florida Dept. of State)	2013 17.11.
-		SECTIONARY OF STATEMENT OF STAT
		TANKA A A SEE, PLON
(Docum	nent Number of Corporation (if known)	
ursuant to the provisions of section 617.100 mendment(s) to its Articles of Incorporation	06, Florida Statutes, this <i>Florida Not For Profi</i> n:	it Corporation adopts the following
. If amending name, enter the new name	e of the corporation:	
		The new
Company" or "Co." may not be used in the Enter new principal office address, if a Principal office address MUST BE A STR Enter new mailing address, if applical (Mailing address MAY BE A POST OF	applicable: EET ADDRESS) ble:	the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent:	CARL ROBERT MEYER	
	CARL ROBERT MEYER 1907 EASTON FOREST DK (Florida street address)	
New Registered Office Address:		
·	THU AHASSEE, (City)	Florida 323/7
_	(Citv)	(Zin Code)
		(Zip Code)
ew Registered Agent's Signature, if char	nging Registered Agent:	
hereby accept the appointment as registere	ed agent. I am familiar with and accept the ob	ligations of the position.
	Cal labort Mr.	

Page 1 of 4

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>Mike</u>	Doe E Jones / Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P→ _V P	APRIL SALTER	5443 LAWTON CT
Add			TALLAHASSEE FL 32317
Remove			
2) Change	P	CHRISTOPHER MOURE	5406 EASTON POINTE WAY
¥ Add			TALLAHASSEE FL 323/7
Remove			
3) Change	<u> </u>	JESUS MOJICA	5419 LAWTON CT
Add			TALLAHASSEE FL 32317
Remove			
4) Change		CARL MEYER	1849 EASTEN FOREST DE
Add			TAMAHASSEE FL 32317
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)

The date of each amendment(s) adoption: ANUARY (, Z015 date this document was signed.	, if other than the
Effective date if applicable: JANY ARY 1, Zo 15 (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 was/were sufficient for approval.	(s)
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 FERRUARY 26, 2015 Signature Carl August	
Signature Carl Flyer	
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CAPI R MEYER	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	