

N020000001537

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 13 PM 1:33

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PALACIO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Amend/CC
@ 10/13/11

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Palacio at Mirasol Property Owners Association, Inc.

DOCUMENT NUMBER: N02000001537

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

Please return all correspondence concerning this matter to the following:

Sharon K. Gray
(Name of Contact Person)

Triad Professional Services, LLC
(Firm/ Company)

1720 Windward Concourse, Ste. 390
(Address)

Alpharetta, GA 30005
(City/ State and Zip Code)

jbaden@triadpros.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091
(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:

- \$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)

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



October 12, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PALACIO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.
11300 MIRASOL BOULEVARD
PALM BEACH GARDENS, FL 33418US

SUBJECT: PALACIO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.
REF: N02000001537

We have received your document for PALACIO AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000246778
Letter Number: 711A00023445

RECEIVED
11 OCT 13 AM 10:47
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Palacio at Mirasol Property Owners Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N02000001537

(Document Number of Corporation (if known))

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 OCT 13 PM 1:33

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**)

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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP	Jeffery A. Mickle	11300 Mirasol Boulevard Palm Beach Gardens, FL 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
V	Louis E. Steffens	1211 Westshore Blvd., Ste. 512 Tampa, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DVST	Todd Rasmussen	11300 Mirasol Boulevard Palm Beach Gardens, FL 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Additional Changes to Officers and/or Directors Continued from Above:

DVST	Carmen Fisher	11300 Mirasol Boulevard	Add
		Palm Beach Gardens, FL 33418	

P	Louis E. Steffens	1211 Westshore Blvd., Ste. 512	Add
		Tampa, FL 33607	

The date of each amendment(s) adoption: October 7, 2011

(date of adoption is required)

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 10/11/2011

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)

Shane DiNatali

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)