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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Emerald Coast Apart	ment Association of	of Northwest Flo	orida, Inc.
DOCUMENT NUMBER:	N03000001363			
The enclosed Articles of An	nendment and fee are subr	nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Lindsay Wright				
		(Name of Contact	Person)	
Northwest Florida Apartme	nt Association, Inc.			
		(Firm/ Compa	ny)	***************************************
P.O. Box 11937				
		(Address)	· · · · ·	
Pensacola, Florida 32524				
		(City/ State and Zi	p Code)	
lindsay@nwfaa.org				
	-mail address; (to be used	for future annual i	eport notificatio	n)
For further information con-	cerning this matter, please	call:		
Lindsay Wright			334 at	
	(Name of Contact Person))	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	yable to the Florid	a Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif v is Certif (Addi	O Filing Fee Scate of Status Sed Copy Sitional Copy is Osed)
Division o P.O. Box	ent Section of Corporations	1 7	Street Address Amendment Sect Division of Corp The Centre of T 2415 N. Monro	orations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

FILED

2022 JAN 24 AM II: 38 Emerald Coast Apartment Association of Northwest Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N03000001363 (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: Northwest Florida Apartment Association, Inc. 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. 911 East Bobe Street B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) Pensacola, FL 32503 C. Enter new mailing address, if applicable: **NWFAA** (Mailing address MAY BE A POST OFFICE BOX) P.O. Box 11937 Pensacola, FL 32524 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: Lindsay Wright Name of New Registered Agent: 911 East Bobe Street (Florida street address) New Registered Office Address: Pensacola (City) 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.

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption:date this document was signed.					, if other than the
Effective date if applicable:			·		
Effective date if applicable:	an 90 days	after amend <mark>me</mark> nt	file date)		
Note: If the date inserted in this block does not meet t document's effective date on the Department of State'	the applicat	ole statutory filing	z requiremen	ts, this date will	not be listed as the

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.

Dated	01/01/2022
Date	
Signature	('ase Diminus
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Case Downs
	Case Downs (Typed or printed name of person signing)

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