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Office Use Only



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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

## COVER LETTER

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ification)		
918-6710		
Code) (Daytime Telephone Number)		
ment of State:		
□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Street Address Amendment Section Division of Corporations		
1		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SUN CITY CENTER CERT, INC		
(Name of Corporation as cur	rently filed with the Florid	a Dept. of State)
N03000007326 -		
(Document Nu	imber of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida Starmendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
SOUTH COUNTY COMMUNITIES CERT, INC.		The new
name must be distinguishable and contain the word "corp	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
"Company" or "Co." muy not be used in the name.	212 ROYAL BONNE	r tor
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	APOLLO BEACH, FL	. 33572
	<del></del>	ي
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, o	enter the name of the
new registered agent and/or the new registered off		
Name of New Registered Agent: IRA F. ARMAN		
212 F	ROYAL BONNET DR	
	(Flo	rida street address)
New Registered Office Address:		2757 <b>7</b>
APO	LLO BEACH	Plorida 33572
	(Ciry)	(Zip Code)
New Registered Agent's Signature, if changing Registi	ered Agent:	
I hereby accept the appointment as registered agent. I a	m familiar with and accept	the obligations of the position.
	Short	Una
	Signature of New Registr	ered Avent, 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, Saily 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>Mik</u>	<u>Doe</u> - Jones - Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X Change	P	IRA F. ARMAN	212 ROYAL BONNET DR
Add			APOLLO BEACH, FL 33572
V Remove			
2) X Change	V	HENRY SCHEETZ	622 MANNS HARBOR DR
Add			APOLLO BEACH, FL 33572
D Remove			CONACHA BEACH BLVE
3) X Change	T	HUD RICHARD	569 BAHIA BEACH BLVD
Add			RUSKIN, FL 33570
P Remove			
4) Change	q	JOHN LUPER	1309 CRYTAL GREENS DR
X Add			SUN CITY CENTER, FL 33573
Remove			
ći Charana	D	CARLOS CORTES	3024 FOREST CLUB DR
S) Change X Add			PANT CITY, FL 33566
Remove			
	S	JEAN BEAUVAIS	15930 AMBER FALLS DR
δ) Change			WIMAUMA, FL 33598
Add			
Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
NAME CHANGE FROM SUN CITY CENTER CERT, INC TO:					
SOUTH COUNTY COMMUNITIES CERT, INC					
WITH CHANGES OF BOARD OF DIRECTORS					
	_				
	_				
	_				

The date of each amendment(s) adoption:	, if other than the		
date this document was signed.  JANUARY-2017 ()   -2 ( -20   7			
Effective date if applicable:  (no more than 90 days after amendment file date)			
(no more than 90 days after amenament file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	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 east 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 $\frac{\text{January 2017}}{\text{Dated}} \left( \frac{1}{2} - 26 - 2017 \right)$			
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)			
IRA F. ARMAN, PRESIDENT OF SOUTH COUNTY COMMUNITIES CERT			
(Typed or printed name of person signing)			
Short amor - Pa	45		

(Title of person signing)