N03000008801

(Re	equestor's Name)	
(Ac	ldress)	
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SECRETARY OF STATE
JAVISTON OF CORPORATION

AUG 2 4 2016

C LEWIS



July 22, 2016

RANDY NEFF / NEFF PROPERTIES PO BOX 10217 TAMPA, FL 33679 US

SUBJECT: SOUTH TOWN RESERVE ASSOCIATION, INC.

Ref. Number: N03000008801

We have received your document for SOUTH TOWN RESERVE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The agent can't sign for the officer/director. They can only sign as the agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 116A00015337

COVER LETTER

TO: Amendment Section Division of Corporations

		0 1
NAME OF CO	RPORATION: <u>SOLHA TOWN</u>	Keserve Association, Inc
DOCUMENT !	number: <u>NO 3000</u> C	08801
The enclosed A	rticles of Amendment and fee are submitted	or filing.
Please return all	correspondence concerning this matter to the	following:
	BAndy	of Contact Person
	Nest PRO	porties
	P.O. B	1rm/ Company 2 10217
	TAMOS	Address
	City/	State and Zip Code
	E-mail address: (to be used for fi	ROPERTIES LLC, COM ture annual report notification)
For further info	rmation concerning this matter, please call:	
	Randy Noff	at (<u>813)</u> 932-7700
1	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a ch	neck for the following amount made payable	o the Florida Department of State:
\$35 Filing I	Certificate of Status Cer (Add	75 Filing Fee & Status litional copy is Certified Copy osed) (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

Articles of Amendment

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)
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)
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
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)
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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:
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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:
STATE OF WEST AND THE STATE OF
Name of New Registered Agent:
(Florida street address)
New Registered Office 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)

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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address ·
1) Change Add	P Stann Givens	P.O.Box 10217 TAMPA,Fl. 33679
Pemove Change Add	T Jennifer GAlloway	P.O. BOX 10217 TAMPA, FI 33679
Remove 3) Change Add Remove	S Tina ARTALE	P.O. Box 10217 TAMPA, FI. 33679
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		
ACIDOVE		

If amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) ad-	option:	, if other than th
late this document was signed.		tuti
Effective date if applicable:		DECRETARY OF STATE
	(no more than 90 days after amendment file date)	SAIS ALIC LO DM O OO
Note: If the date inserted in this block locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this artment of State's records.	2016 AUG 2 PM 2: 03 is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amet.	ndment(s)
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was	as/were
Dated	8-15-16	
Signature	on Driene	
have not bee	man or vice chairman of the board, president or other officer-if on selected, by an incorporator – if in the hands of a receiver, truppointed fiduciary by that fiduciary)	
	Stan Givens (Typed or printed name of person signing)	
	President	
-	(Title of person signing)	