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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	T TOWER LAKE HO	MEOWNER	S ASSOCIATION, INC.
N04000010313 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Denise Abercrombie			
	(Name of Contact Pers	oп)	
Highland Community Management, LLC			
	(Firm/ Company)		- <u>-</u>
3020 S. Florida Ave., Suite 305			
	(Address)		
Lakeland, FL 33803			
(City/ State and Zip Co	de)	
info@hcmanagement.org			
E-mail address: (to be used	for future annual repor	t notification	i)
For further information concerning this matter, please of	call:		
Denise Abercrombie	8 at	63	940-2863
(Name of Contact Person)	(/	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida De	partment of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee leate of Status led Copy lional Copy is lised)
Mailing Address Amendment Section	· · · · · · · · · · · · · · · · · · ·	t Address idment Secti	on
Division of Corporations		ion of Come	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CALABAY PARC AT TOWER LAKE HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as curr	rently filed with the Florida De	ept. of State)
N04000010313		
(Document Nu	unber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profe	it Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or t	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3020 S. Florida Ave. Suite.	305 E T
(Principal office address MUST BE A STREET ADDRES	Lakeland, FL 33803	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3020 S. Florida Ave., Suite	305
	Lakeland, FL 33803	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		the name of the
	ce augress: and Community Management, L	I.C.
Name_of_New_Registered_Agent:	· · · · · · · · · · · · · · · · · · ·	V V
3020 S	S. Florida Ave., Suite 305	
New Registered Office Address:	(Florida st	treet address)
	and, FL	33803
	(Citv)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent.	red Agent:	oligations of the position.
	Signature of New Registered A	carbio

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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	David Post	504 Pineloch Drive
Add			Haines City, FL 33844
X Remove			
2) X Change	P	Richard Vaughan	235 Cherokee Avc.
Add			Haines City, FL 33844
Remove			
3) $\frac{X}{}$ Change	VP	Leroy Sanchez	6200 Lee Vista Blvd., Ste 400
Add			Orlando, FL 32822
Remove			
4) Change	ST	Joshua Villancourt	341 Cherokee Ave.
XAdd			Haines City, FL 33844
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

attach additional sheets, if necessary).	(Be specific)	•			
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•	9/28/2017	
		other than the
ate	this document was signed.	
Effe	ctive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list iment's effective date on the Department of State's records.	sted as the
\ de	ption of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	09/29/2017 Dated	
	Signature Color Color Color of directors (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)	
	Joshua Vaillancourt	
	(Typed or printed name of person signing)	
	Secretary/Treasurer	
	(Title of person signing)	