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Office Use Only



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7-11-14

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: 529 H | ered Oaks | Estates | Homeowners | Association, Inc. |
|---------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------|-------------------|
| DOCUMENT NUMBER: | 04000012 | 003 | | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | | | |
| Please return all correspondence concerning this | matter to the following: | | | |
| Bren | + Baris (Name of Contact P | | | |
| | (Name of Contact P | erson) | | |
| Brent | E Baris (Firm/Compan | P.A. | | |
| | • | • / | | |
| P.O. B | ox 223 (Address) | | | |
| | (Address) | | | |
| High S | Springs F (City/ Stale and Zip | L 3265. | 5 | |
| | () | • | | |
| E-mail address: (to be | e used for future annual re | port notification) | file | |
| For further information concerning this matter, p | lease call: | | | |
| Brent Baris (Name of Contact Person) | at (_ 3 8 | 6, 454 | -0688 | |
| (Name of Contact Person) | (Aı | ea Code & Daytime | Celephone Number) | |
| Enclosed is a check for the following amount ma | ade payable to the Florida | Department of State: | | |
| \$35 Filing Fee | ee & [] \$43.75 Filing Fed tatus Certified Copy (Additional copy enclosed) | c & [] \$52.50 Filis Certificate of is Certified Co (Additional Enclosed) | of Status opy | |
| Mailing Address Amendment Section | | treet Address mendment Section | | |
| Division of Corporations P.O. Box 6327 | D | ivision of Corporatio | ns | |
| Tallahassee, FL 32314 | 20 | 661 Executive Center allahassee, FL 32301 | Circle | |

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed | with the Florida Dept. of S | <u>(ate</u>) | - |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| NO. | 10000 1200 | 13 | |
| (Document) | Number of Corporation (if kn | own) | |
| ursuant to the provisions of section 617.1006, F nendment(s) to its Articles of Incorporation: | | Not For Profit Corporatio | on adopts the follow |
| If amending name, enter the new name of | he corporation: | | |
| ame must be distinguishable and contain the wo Company" or "Co." may not be used in the na | ord "corporation" or "incorp | orated" or the abbreviat | The lion " Corp." or " In |
| . Enter new principal office address, if apple Principal office address <u>MUST BE A STREET</u> | | | |
| | *************************************** | | = . |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | E BOX) | The Tompson Law (C) Law (C) | FILLE |
| | | 2005 1005 1005 | |
| If amending the registered agent and/or re | gistered office address in F | orida, enter the name o | f the co |
| new registered agent and/or the new regis | ered office address: | | |
| Name of New Registered Agent: | | | |
| | (Florida street add | ress) | |
| ····· | | Florido | |
| | (City) | , Florida | (Zip Code) |
| ew Registered Agent's Signature, if changin hereby accept the appointment as registered as | | accept the obligations of | • |
| | | <u> </u> | |

Page 1 of 4

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 | | Doe Jones Smith | |
|----------------------------------|--------------|-----------------------|------------------------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add ** Remove | ρ | Stephen Forguson | 6610 NW 191 Terrace Alachua, FL 32615 |
| 2) Change Add | <u>VP</u> | Gloria Hughes | 19106 NW 68th Place Alachua, FL 32615 |
| Remove 3) Change Add | <u>ρ</u> | Catherine Beazley | 19013 NW 68th Place Alachua, FL 32615 |
| Remove 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| attach additional sheets, if necessary). | (Be specific) |
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| 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 6/19/14 |
| Signature Cally is Bush |
| (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) |
| Catherine J. Beazley (Typed or printed name of person signing) |
| • |
| President (Title of person signing) |