N04271

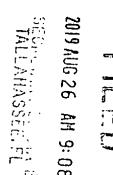
| . (Re | equestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| /R: | siness Entity Nar | ne) | | | |
| (OC | omeos Entry Hor | | | | |
| (Do | ocument Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Indian Sp | rings Home owners Association, Inc |
|--|---|
| DOCUMENT NUMBER: NO4271 | |
| The enclosed Articles of Amendment and fee are submi | tted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Cola Mclaule | Y, Treusurer Name of Contact Person) |
| (3 | Name of Contact Person) |
| Indian Springs | Homeowners Association, Inc (Firm/Company) |
| | (Firm/ Company) |
| Po. Box 1400 | : 3 |
| | (Address) |
| Bradenton Flor | ida 34280 |
| (0 | City/ State and Zip Code) |
| cmacu: Kin | ge yahoo.com |
| E-mail address: (to be used for | g e yahoo. com or future annual report notification) |
| For further information concerning this matter, please ca | di: |
| Colin McCauley | at 2/3 457-7054 (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made paya | able to the Florida Department of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status | IS43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is chelosed) Certified Copy (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 Tallahasson, FL 32301 |

Articles of Amendment

to

Articles of Incorporation of

| Indian Spring | K [| JoMpo(| uners | ass | Cial | WN I |
|---|-------------------------|----------------------|----------------------|-------------|---------------|--------------|
| (Name of Corporation as curr | rently file | ed with the Flo | rida Dept. of S | itate) | | |
| | | A) ind | 171 | | | |
| (Document Nu | imber of (| Corporation (if | known) | | | |
| Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation: | itutes, this | s Florida Not F | or Profit Corpo | ration add | opts the fe | ollowing |
| A. If amending name, enter the new name of the corpor | ration: | | | | | |
| | | | | | ; | The new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. | oration" (| or "incorporate | ed" or the abbre | rviation "C | Corp." or | "Inc." |
| B. Enter new principal office address, if applicable: | ·es. —— | | | | <u> </u> | |
| (Principal office address <u>MUST BE A STREET ADDRES</u> | <u>33</u>) | | | | | |
| | | | | | | |
| | | | | | | |
| C. Enter new mailing address, if applicable: | | | | | ₹ | 201 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | | | | <u>~```</u> | _ |
| | | | | | <u></u> | g, |
| | | | | | 7.0 | -123- E |
| | | | | | <u> </u> | |
| D. If amending the registered agent and/or registered o | office add | tress in Florida | onter the num | ne of the | 1.1 | <u> </u> |
| new registered agent and/or the new registered offic | | | i, thier the han | ic or the | m | , 9: 0 |
| | | | | | <i>i</i> = | 8 |
| Name of New Registered Agent: | | | | | - | |
| | | | | | | |
| New Registered Office Address: | | ſ- | Florida street addre | NY) | | |
| they hegginered Office this ess. | | | | | | |
| | | _ | | , Florida | | |
| | (Ci | ity) | | (Zip Ce | ode) | |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am | red Ageni u familiar | t: with and accep | ot the obligation | s of the po | sition. | |
| | | /M b | | | | |
| | Signatu | we of New Regi | stered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | \underline{V} Mik | n <u>Doc</u> e <u>Jones</u> y <u>Smith</u> | |
|-----------------------------------|---------------------|--|--------------------------------------|
| Type of Action (Check One) | <u>Tide</u> | <u>Name</u> | Address |
| 1) Change Add | President | Ryan Braniger | Po. Box 14063 Brilinton, FL 34280 |
| X Remove | D | | |
| 2) Change Add | Director | Gerald Godbec | P.O. Box 14063 Breduton, FL 34280 |
| Remove 3) Change | | | |
| Add | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove 6) Change | | | |
| Add Remove | | | |

| itach additional sheets, if n | .ccssur _y r, - ti | осърссию | | | | |
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| The date of each amendment(s late this document was signed. |) adoption:, if other than the |
|---|--|
| Effective date if applicable: _ | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/wer was/were sufficient for app | e adopted by the members and the number of votes cast for the amendment(s) royal. |
| ☐ There are no members or madopted by the board of dir | embers entitled to vote on the amendment(s). The amendment(s) was/were ectors. |
| Dated | 8/21/19 |
| Signature | The mould |
| have no | hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary) |
| | Colin McCauley |
| | (Typed or printed name of person signing) |
| | Trasurer, Indian Springs HOA Assoc. (Title of person signing) |
| | (Title of person signing) |