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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Compark 75 Property Owners Association, Inc
N05000001270 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return ail correspondence concerning this matter to the following:
Kim Derryberry
(Name of Contact Person)
(Firm/ Company)
814 Golf Island Dr
614 GOII ISIANG DI
(Address)
Apollo Beach FL 33572
(City/ State and Zip Code)
utopicview@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kim Derryberry 540 492-1811
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Compark 75 Property Owners Association, Inc.

(Name of Corporation as currently filed with th	ne Florida D	ept. of State)	
N05000001270			
(Досш	ment Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	s, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of th	e corporatio	on:	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporati <u>ie</u> .	on" or "incorporated" or	the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica	able:	814 Golf Island Dr	
(Principal office address <u>MUST BE A STREET A</u>	IDDBECCI	Apollo Beach FL 33572	
		-	
	-	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	814 Golf Island Dr	
		Apollo Beach FL 33572	
D. If amending the registered agent and/or regi	istered office	e address in Florida, enter	the name of the
new registered agent and/or the new register	red office ad	ldress:	
Name of New Registered Agent:	Kim Derry	berry	
-	814 Golf Is	sland Dr	
Now Projectored Office Address		(Florida s	trees address)
New Registered Office Address:			227-2
	Apollo Bea		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered A	Agent:	
I hereby accept the appointment as registered agen	it. I am fam	iliar with and accept the ol	oligations of the position.
_	مو	K. by	
	Sig	nature of New Registered A	gent, 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 D V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	DPS	Theodore Koontz	4212 Cypress Gulch Drive Lutz FL 33559
 X Remove 2) X Change 	DPS	Mike Mullins	26500 Silver Male Parkway
Add			Wesley Chapel FL 33544
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	is, if necessary).	icles, enter change(s) here: (Be specific) and removing Theodore Koontz	
			
			

Effective date <u>if applicable</u> :	(no more than 90 de	ays after amendmen	t file date)		
iate uns document was signed.					y Make Hill
The date of each amendment(s) adoption	n: 1/1/2023		_		, if other than the
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d- Linna					

Adoption of Amendment(s)

(CHECK ONE)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

	oard of directors.	itled to vote on the amendment	(s). The amendment(s) was/were
Dated	2/3/2023	·	
Signature	m 4	\sim	
	have not been selec	vice chairman of the board, pre ted, by an incorporator – if in the d fiduciary by that fiduciary)	sident or other officer-if directors e hands of a receiver, trustee, or
	Mike Mullins		
		(Typed or printed name	of person signing)
	Director		

(Title of person signing)