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(((H17000151752 3)))



H170001517523ABC\$

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SBakere zkslawfrem. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN STRAWBERRY FIELDS HOMEOWNERS' ASSOCIATION, INC.

S. TALLENT

JUN 1 3 2017

Certificate of Status	0
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Page Count	06
Estimated Charge	\$35.00

Amend

Electronic Filing Menu

Corporate Filing Menu

Help

Lisa Schmidt

From:

corphelp <corphelp@DOS.MyFlorida.com>

Sent:

Monday, June 12, 2017 3:30 PM

To:

Lisa Schmidt

Subject:

RE: Articles of Amendment

Good afternoon,

Please see letter copied below that was faxed, which also provides a contact name and phone number for any questions:

June 7, 2017

STRAWBERRY FIELDS HOMEOWNERS' ASSOCIATION, INC. 315 E. ROBINSON STREET, SUITE 600 ATTN: N. DWAYNE GRAY, JR. ORLANDO, FL 32801US

SUBJECT: STRAWBERRY FIELDS HOMEOWNERS' ASSOCIATION, INC. REF: N05000004589

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H17000151752 Letter Number: 217A00011499

Valerie Herring Horsell Internet Access Division of Corporations

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Strawberry	Fields Homsowners' Association, Inc.
DOCUMENT NUMBER: N05000004589	
The enclosed Articles of Amendment and fo	
Please return all correspondence concerning	this matter to the following:
D. Scott Baker, Esq.	
•	Name of Contact Person
Zimmerman, Kiser &	s Sutcliffe, P.A.
	Firm/ Company
315 E. Robinson Stre	et, Suite 600
	Address
Orlando, FL 32801	
	City/ State and Zip Code
SBaker@zkslawfirm.com	✓
. .	(to be used for future annual report notification)
•	•
For further information concerning this matt	er, please call:
D. Scott Baker, Esq.	at (407 425-7010 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	it made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Certificate of S	
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 to Articles of Incorporation of

Strawberry Fields Homeowners' Association, Inc.	·	·
(Name of Corporation as c	currently filed with the F	lorida Dept. of State)
N05000004589	···	
(Document	Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "Incorpora	ned" or the abbreviation "Corp." or "Inc."
B. Enter new principa I office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDI</u>		-
•		<u> </u>
C. Enter new mailing address, if applicable:		संकर्तत्र । सम्बद्धाः
(Mailing address MAY BE A POST OFFICE BOX	y	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
- -	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regis	stered Agent:	
hereby accept the appointment as registered agent. I		pt the obligations of the position.
<u></u>	Signature of New Reg	istered Agent, if changing

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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; $\tilde{V} = Vice President$; $\tilde{I} = Treasurer$; 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.

X Change	PT Joh	nn Doe	
X Remove	Y Mi	kc Jones	
X Add	<u>SV</u> Sa	<u>lly Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change	PS	Fabrizio Lucchese	105 West Beaver Creek
Add			Suites 9 & 10
X Remove			Richmond Hill, Ontario L48-1C6
2) Change	DVP	Gord Steele	105 West Beaver Creek
X Add			Suites 9 & 10
Remove			Richmond Hill, Ontario L48-1C6
3) Change	DS	Dana Specr	105 West Beaver Creek
X Add	•		Suites 9 & 10
Remove			Richmond Hill, Ontario L48-1C6
4) Change	מב	Fabrizio Lucchese	105 West Beaver Creek
X Add			Suites 9 & 10
Remove		·	Richmond Hill, Ontario L48-1C6
5) Change			
Add			
Remove			·
6) Change		-1914	Manufacture (All Control of Contr
Add			
Remove			

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Attach additional sneets, if n	itional Articles, enter of necessary). (Be specifi	ic)		

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····				
if an amendment provides : provisions for implementi	for an exchange, reclar	sification, or cancella	tion of issued shares,	
(if not applicable, indic	ale N/A)	or contained as the Mill	SHADING IN THE REAL	
· · · · · · · · · · · · · · · · · · ·		~~ <u>~~~</u>		
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The date of each amendment(s) ad	option:	if other than the
date this document was signed.		
Essective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(x):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
ьу		
· · · · · · · · · · · · · · · · · · ·	(vating group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	JUNE 6,2017	
Signature	Q)100h	_
selected	rector, president or ether officer — if directors or officers have not been l, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	1
	Fabrizio Lucchese	
•	(Typed or printed name of person signing)	
	Director	•
•	(Title of person signing)	***************************************

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