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| PICK-UP                 | WAIT               | MAIL             |
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| Certified Copies        | _ Certificates     | of Status        |
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Office Use Only



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JAHLANASSES, FLORIDA

FEB 03 2014

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## **COVER LETTER**

inc.

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: GILLETTE Grove Home Owners   | Association |
|---|-------------|
| DOCUMENT NUMBER: NO50004735   | inc.        |
| The enclosed Articles of Amendment and fee are submitted for filing.  |             |
| Please return all correspondence concerning this matter to the following:                                       |             |
| Patrick Dooley (Name of Contact Person)   |             |
| Metrose Management (Firm/ Company)  |             |
| 3527 Paine Harbor Blvd. (Address)   |             |
| Palm Harbor Fl 34683 (City/State and Zip Code)  |             |
| Dadwig a metrose management com<br>E-mail address: (to be used for future annual report notification)           |             |
| For further information concerning this matter, please call:  |             |
| Patrick Dooley at (727) 787-34(o) (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:                   | ·           |
| \$35 Filing Fee   |             |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations |             |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation FILED.
14 JAN 30 PM 3: 35

| of 3: 35   | l   |  |  |
|--|-----|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |     |  |  |
| NO50004735   |     |  |  |
| (Document Number of Corporation (if known)   |     |  |  |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |     |  |  |
| A. If amending name, enter the new name of the corporation:  |     |  |  |
|  |     |  |  |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.              |     |  |  |
| B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  D. J.                                |     |  |  |
| Palm Harbor F1. 34683  |     |  |  |
|  |     |  |  |
| C. Enter new mailing address, if applicable:   |     |  |  |
| (Mailing address MAY BE A POST OFFICE BOX) 3527 Palm Harbor Blvd.  |     |  |  |
| Palm Harbor F1, 39683  |     |  |  |
|  |     |  |  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:                |     |  |  |
| Name of New Registered Agent: Jack Hanson Metrose Management Partnersk   | 4is |  |  |
| 11000 West Colonial Dr.  |     |  |  |
| (Florida street address)  New Registered Office Address:   |     |  |  |
| Orlando, Florida 32804   |     |  |  |
| (City) (Zip Code)  |     |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |     |  |  |
| I hereby accept the appointment as registered agent. Lam Emiliar with and accept the obligations of the position.  |     |  |  |
| Signature of New Registered Agent, if changing   |     |  |  |
| Rage 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 | <u>V</u> <u>Mi</u> | hn Doe<br>ike Jones<br>Ily Smith |  |
|----------------------------------|--------------------|----------------------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u>       | <u>Name</u>                      | <u>Addres</u> s                          |
| 1) Change                        | <u>P</u>           | Dominick Donato                  | 13038 US HW14 41.5<br>Gibsonton Fl 33534 |
| X Remove                         |                    |                                  |  |
| 2) Change Add                    |                    | John Williams                    | 13038 US HWY 41. S<br>Gibsonton F133534  |
| Remove 3) Change Add             | S                  | Karen Leblanc                    | 13038 US Hwy 91.5<br>Gibsonton Fl 33534  |
| Remove  4) Change Add            | <u>P</u> _         | Christopher Hehn                 | 3300 97+1 Lane East<br>Palmetto F1 34221 |
| Remove Change Add                | <u>\</u>           | Donald Ray                       | 9827.33rd Ave East<br>Palmetto Fl 31221  |
| Remove  (5) Change    X   Add    | <u>S</u>           | Antonio Romeu                    | 33092 99th St. East<br>Paimetto F1 31221 |
| Remove                           |                    |                                  |  |

Page 2 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)

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| Example: X Change X Remove X Add | <u>V</u> <u>Mil</u> | nn Doe<br>ke Jones<br>ly Smith |  |
|----------------------------------|---------------------|--------------------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                    | Address  |
| 1) Change                        | T                   | Aaron Emery                    | 3928 100th CT East<br>Palmetto F1 39221                |
| Remove                           | <b></b>             | 0                              |  |
| 2)Change                         | D                   | <u>Cindi Blare</u>             | <u>9815.33rd Ave</u> .8ast<br><u>Palmetlo Fl 34229</u> |
| Remove                           |                     |                                |  |
| 3) Change                        | <del></del>         |                                |  |
| Add                              |                     |                                |  |
| Remove                           |                     |                                | <u> </u>   |
| 4) Change                        |                     |                                | <del></del>  |
| Adđ                              |                     |                                |  |
| Remove                           |                     |                                | <del></del>  |
| 5) Change                        |                     |                                |  |
| Add                              |                     |                                |  |
| Remove                           |                     |                                |  |
| 6) Change                        |                     |                                |  |
| Add                              |                     |                                |  |
| Remove                           |                     | D 4.64                         | <u> </u>   |

| . If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) adoption:                          |  | , if other than the |
|--|--|---------------------|
| Effective date if applicable:                                    |  |                     |
|  | (no more than 90 days after amendment file date)   |                     |
| Adoption of Amendment(s)   | (CHECK ONE)  |                     |
| The amendment(s) was/were add was/were sufficient for approval   | opted by the members and the number of votes cast for the amendment(s)   |                     |
| There are no members or members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were s.   |                     |
| Dated  | 17/14  |                     |
| Signature  | Vat Volly  |                     |
|  | an or vice chairman of the board, president or other officer-if directors                                      |                     |
|  | selected, by an incorporator - if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) |                     |
| Pa   | + Dodley   |                     |
| ' (7   | Syped or printed name of person signing)   |                     |
|  | CAM  |                     |
|  | (Title of person signing)  |                     |