## N0500005023

| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION           | Sweetwater by Del V<br>ON:                 | Vebb Master Homeowner                                            | rs Association, Inc.                                                                   |  |
|-------------------------------|--------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
|                               | N05000005023                               |                                                                  |                                                                                        |  |
| DOCUMENT NUMBER:              |                                            |                                                                  |                                                                                        |  |
| The enclosed Articles of An   | nendment and fee are subj                  | nitted for filing.                                               |                                                                                        |  |
| Please return all correspond  | ence concerning this matte                 | er to the following:                                             |                                                                                        |  |
| Monica Hodges                 |                                            |                                                                  |                                                                                        |  |
|                               |                                            | (Name of Contact Person                                          | n)                                                                                     |  |
| Sweetwater by Del Webb        |                                            |                                                                  |                                                                                        |  |
|                               |                                            | (Firm/ Company)                                                  |                                                                                        |  |
| 9039 Del Webb Parkway         |                                            |                                                                  |                                                                                        |  |
| •                             |                                            | (Address)                                                        |                                                                                        |  |
| Jacksonville, FL 32256        |                                            |                                                                  |                                                                                        |  |
| ,                             |                                            | (City/ State and Zip Cod                                         | e)                                                                                     |  |
| monica.hodges@fsresidenti     | al.com                                     |                                                                  |                                                                                        |  |
|                               | -mail address: (to be used                 | for future annual report                                         | notification)                                                                          |  |
| For further information conc  | eerning this matter, please                | call:                                                            |                                                                                        |  |
| Monica Hodges                 |                                            | 904-519-6673<br>at                                               |                                                                                        |  |
|                               | (Name of Contact Person                    |                                                                  | rea Code) (Daytime Telephone Number)                                                   |  |
| Enclosed is a check for the t | following amount made pa                   | yable to the Florida Depa                                        | ortment of State:                                                                      |  |
| ☐ \$35 Filing Fee             | LS43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |  |
| Mailing A                     |                                            |                                                                  | Address                                                                                |  |
| Amendme                       | nt Section                                 | Amend                                                            | lment Section                                                                          |  |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

| Sweetwater by Del We                                                                                       |                                                 | orida Dept. of State)                  | ,                                            |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|----------------------------------------------|
| N05000                                                                                                     | 1005023                                         |                                        |                                              |
| (Document N                                                                                                | umber of Corporation (if                        | known)                                 |                                              |
| ursuant to the provisions of section 617,1006, Florida St<br>mendment(s) to its Articles of Incorporation: | atutes, this <i>Florida Not t</i>               | For Profit Corporation :               | idopts the following                         |
| . If amending name, enter the new name of the corporate                                                    | oration:                                        |                                        |                                              |
|                                                                                                            |                                                 |                                        | The new                                      |
| ame must be distinguishable and contain the word "corp<br>Company" or "Co," may not be used in the name.   | ooration" or "incorpora                         | ted" or the abbreviation               | "Corp " or "Inc,"                            |
| Enter new principal office address, if applicable:                                                         |                                                 |                                        | ····                                         |
| Principal office address <u>MUST BE A STREET ADDRI</u>                                                     | <u> </u>                                        |                                        | ()                                           |
|                                                                                                            | <del></del>                                     |                                        | •                                            |
|                                                                                                            |                                                 |                                        |                                              |
| Enter new mailing address, if applicable:                                                                  |                                                 |                                        | <u>.                                    </u> |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                 |                                                 |                                        |                                              |
|                                                                                                            |                                                 |                                        |                                              |
|                                                                                                            |                                                 |                                        | ສ                                            |
|                                                                                                            |                                                 |                                        |                                              |
| D. If amending the registered agent and/or registered                                                      | <u>l office address in Flori</u><br>Googledows: | da, enter the name of the              | <u>ne</u>                                    |
| new registered agent and/or the new registered of                                                          | nce address.                                    |                                        |                                              |
| Name of New Registered Agent:                                                                              |                                                 |                                        | · · · · · · · · · · · · · · · · · · ·        |
|                                                                                                            |                                                 | ······································ |                                              |
| 1000 411                                                                                                   | <del></del> -                                   | (Florida street oddress)               |                                              |
| <u>New Registered Office Address</u> :                                                                     |                                                 |                                        |                                              |
|                                                                                                            |                                                 |                                        | da                                           |
|                                                                                                            | (City)                                          | (Z1 <sub>i</sub>                       | n Code)                                      |
| ew Registered Agent's Signature, if changing Regist                                                        | tere <u>d Agent:</u>                            |                                        |                                              |
| hereby accept the appointment as registered agent. T                                                       | am familiar with and acc                        | cept the obligations of th             | a position.                                  |
|                                                                                                            |                                                 |                                        |                                              |
|                                                                                                            |                                                 |                                        |                                              |
|                                                                                                            | Signature of New Re                             | egistered Agent, if chang              | ing                                          |

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>Mik</u> | <u>i Doe</u><br>e <u>Jones</u><br>y <u>Smith</u> |                        |
|-----------------------------------|---------------------|--------------------------------------------------|------------------------|
| Type of Action<br>(Check One)     | <u>Title</u>        | <u>Name</u>                                      | <u>Addres</u> s        |
| 1) Change                         | VP                  | Krebs, Tim                                       | 9039 Del Webb Parkway  |
| Add X Remove                      |                     |                                                  | Jacksonville, FL 32256 |
| 2) Change                         | VP                  | Laino, John                                      | 9039 Del Webb Parkway  |
| X Add                             |                     |                                                  | Jacksonville, FL 32256 |
| Remove 3) X Change                | Secretary           | Arnold, Jeanette                                 | 9039 Del Webb Parkway  |
| Add                               |                     |                                                  | Jacksonville, FL 32256 |
| 4) X Change                       | Director            | Day, Charles                                     | 9039 Del Webb Parkway  |
| Add                               |                     |                                                  | Jacksonville, FL 32256 |
| 5) Change                         | Director            | Andrews, Gezil                                   | 9039 Del Webb Parkway  |
| X Add                             |                     |                                                  | Jacksonville, FL 32256 |
| 6) Change                         |                     |                                                  |                        |
| Add<br>Remove                     |                     |                                                  |                        |

| <mark>f amending or adding addi</mark><br>Mach additional sheets, if no | ecessary), (Be | specific)    |         |             |                  |
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| The date of each amendment(s) adoption:                                                                                                                                                                | , if other than the                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| date this document was signed.                                                                                                                                                                         |                                        |
| Effective date <u>if applicable</u> :                                                                                                                                                                  |                                        |
| tho move than 90 days after amendment file date)                                                                                                                                                       |                                        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.                                     | s, this date will not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK_ONE</u> )                                                                                                                                                          |                                        |
| ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.                                                                              | amendment(s)                           |
| There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.                                                                                 | (s) was/were                           |
| Dated                                                                                                                                                                                                  |                                        |
| (By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary) | er-if directors<br>er, trustee, or     |
| Stephen Sepe<br>(Typed or printed name of person signing)                                                                                                                                              |                                        |
| President (Title of person signing)                                                                                                                                                                    |                                        |