(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	v



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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: King smill	Homeowners Associ	ation
of Jacks	anville, Inc.	
DOCUMENT NUMBER: N 050	0000 5 796	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Cindy M	me of Contact Person	
First Coast Associ	ciation Management Firm/Company	<u> </u>
11555 Central Park	May Site 801 Address	
Jacksonville, F	L 37774 v/ State and Zip Code	
E-mail address: (to be used	for future annual report notification)	M
For further information concerning this matter, p	lease call:	
Alice Hubbard Name of Contact Person	at ( <u>904</u> ) <u>998</u> Area Code & Daytime Tel	5365 ephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depar	tment of State:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



# RECEIVED

10 NOV -1 AM 8: 19

### FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 19, 2010

CINDY MUNERA, CAM FIRST COAST ASSOCIATION MANAGEMENT 11555 CENTRAL PARKWAY - SUITE 801 JACKSONVILLE, FL 32224

SUBJECT: KINGSMILL HOMEOWNERS ASSOCIATION OF JACKSONVILLE,

INC.

Ref. Number: N05000005796

We have received your document for KINGSMILL HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

AN OFFICER OF THE CORPORATION MUST SIGN THE DOCUMENT ALONG WITH THE TITLE TYPED/PRINTED BELOW THE SIGNATURE.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 710A00024656

RECEIVED OCT 2 2 2010

## Articles of Amendment to Articles of Incorporation of

N 0 5000	5796 mber of Corporation (if kn	\	,
(Document Nui	mber of Corporation (if kn-	own)	
rsuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:	06, Florida Statutes, this A	Florida Profit Corporation ad	opts the fo
If amending name, enter the new name of	of the corporation:		
			The ne
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or th me must contain the word "chartered," "pro	e designation "Corp," "In	nc," or "Co". A professional	
Enter new principal office address, if ap	plicable:		<del></del>
rincipal office address <u>MUST BE A STREI</u>	ET ADDRESS )		
		<del></del>	
			<del></del>
Enter new mailing address, if applicable			-
Enter new mailing address, if applicable			<del></del>
			_
			<del></del>
(Mailing address <u>MAY BE A POST OFF</u>	<u></u>	in Florida outar the name of	
	registered office address	in Florida, enter the name of	
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	registered office address	in Florida, enter the name of	
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or	registered office address	in Florida, enter the name of	
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address istered office address:		the
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg	registered office address		
If amending the registered agent and/or new registered agent and/or the new reg	registered office address istered office address:  (Florida street	address), Florida	
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new reg  Name of New Registered Agent:	registered office address istered office address:	address)	
(Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new registered Agent:  Name of New Registered Agent:	registered office address istered office address:  (Florida street	address), Florida	

<u>Title</u> Name <u>Address</u> <u>Typ</u>	e of Action			
T Maurice Rudolph	Add Remove			
Christen Montgomery 11500 Central Parkwa, 12  Sile 80/ Jackson ville, Fl 37724	Add Remove			
	Add Remove			
(attach additional sheets, if necessary). (Be specific)				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)				

The date of each amendment(s) adoption	10/5/2010
	(date of adoption is required)
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)
There are no members or members ential adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were
have not been \$	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or finted fiduciary by that fiduciary)
	(Typed or printed name of person signing)  (Title of person signing)