NU500008530

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C. CARROTHERS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: Quail Creek Home	owners Association, Inc		
	NUMBER: N05000008530			
	ticles of Amendment and fee are su	bmitted for filing.		
Please return all	correspondence concerning this man	tter to the following:		
	Debora Soucie			
		Name of Contact Person	n	
	GHO Homes Corp			
		Firm/ Company		
	590 NW Mercantile Place	·		
		Address		
•	Port ST Lucie, FL 34983			
		City/ State and Zip Cod	e	
	debbies@ghohomes.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further infor	mation concerning this matter, pleas	e call:		
Debora Soucie		at (807-2195	
N	lame of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a cho	eck for the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing F	ee □\$43.75 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 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

Quail Creek Homeowners Association, Inc.

(Name of	Corporation as currentl	y filed with the Florida Dept.	of State)
N05000008530			-2 5
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation add	opts the following amendment
A. If amending name, enter the new nar	ne of the corporation:		
Summer Lake Vero Beach Homeowners A	Association, Inc.		The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "	Co". A professional corporat	rated" or the abbreviation
B. Enter new principal office address, if	fapplicable:	590 NW Mercantile Place	
(Principal office address <u>MUST BE A ST</u>		Port St Lucie, Florida 34986	<u> </u>
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		Same as Principal	
D. If amending the registered agent and			e of the
new registered agent and/or the new	registered office address	<u>!</u>	
Name of New Registered Agent	William N Handler		
	590 NW Mercantile Place		
-	(Florida str	ect address)	
New Registered Office Address:	Port St Lucie		34986 Florida
Town to gister a office marcin.	,	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			of the position.
	Signature of New R	egistered Agent, 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	William N Handler	590 NW Mercantile Place
Add			Port St Lucie, Fl 34986
Remove			
2) Change	VP	Gary Blackwell	6915 SR 54
Add			Newport Richie, FL 34653
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)). (Be specific)	inge(s) here:			
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f an amendment provides for an ex- provisions for implementing the am	change, reclassif	ication, or cance	llation of issued	<u>shares,</u> f:	
(if not applicable, indicate N/A)				-	
		 	·	 	

			* ** ** ***		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 20 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Gan L. B)ackwell (Typed or printed name of person signing)	
Officer	
(Title of person signing)	