N05000010399

| (Requestor's Name) | |
|---|--------------------------|
| (Address) | 200354448252 |
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| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 11/06/2001010003 **35.00 |
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: | AN VINCENTE COMMI | —————————————————————————————————————— | OCIATION, INC. |
|--|-----------------------------|--|--|
| N05000010399 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | | |
| Please return all correspondence concerning this | matter to the following: | | |
| LINDSAY HAID | | | |
| | (Name of Contact Pe | rson) | |
| | (Firm/ Company |) | |
| 3209 GOLDEN ROD CT | | | |
| | (Address) | | |
| PANAMA CITY, FL 32405 | | | |
| | (City/ State and Zip C | lode) | · |
| LGCHAID@GMAIL.COM | | | |
| E-mail address: (to be | used for future annual rep | ort notification | on) |
| For further information concerning this matter, pl | ease call: | | |
| LINDSAY HAID | at | 850 | 258-3350 |
| (Name of Contact Pe | | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made | de payable to the Florida I | Department o | f State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State | | Certi Certi (Add | 50 Filing Fee ificate of Status ified Copy litional Copy is losed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | An Div | cet Address lendment Secrision of Corp c Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE VILLAS SAN VINCENTE COMMUNITY ASSOCIATION, INC.

| (Name of Corporation as currently filed with the Florida | Dept. of State) |
|---|---|
| N05000010399 | |
| (Document Numb | per of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | tion: |
| N/A | The new |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | ") |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3209 GOLDEN ROD CT |
| (Mulling dutiess MAT DE AT (VST OF THE BOX) | PANAMA CITY, FL 32405 |
| D. If amending the registered agent and/or registered offi | |
| new registered agent and/or the new registered office a | address: |
| Name of New Registered Agent: N/A | |
| | (Florida street address) |
| New Registered Office Address: | ir inriad sireer addressy |
| | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa | |
| | · |
| <u></u> | ignature of New Registered 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 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X.Change X.Remove X.Add | PT John De V Mike Jo SV Sally Sr | <u>nes</u> | |
|--|--|--|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) <u>> Change</u> Add | VP | | 308 SOUTH VESTAVIA ST PANAMA CITY BEACH, FL |
| Remove | | | 32413 |
| 2) Change Add | TS | | 119 BIMINI CT PANAMA CITY BEACH, FL |
| x Remove 3) Change x Add Remove | <u>TS</u> | LINDSAY BROOKE HAID | 32413 3209 GOLDEN ROD CT PANAMA CITY, FL 32405 |
| 4) Change Add | | | |
| Remove 5)ChangeAdd | | · | |
| Remove 6) Change Add | | | |
| E. If amending or addin (attach additional shee | | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) date this document was signed. | adoption: | <u> </u> | , if other than th |
| Effective date if applicable: | /29/2020 | | |
| | (no more than 90 days after o | imendment file date) | |
| Note: If the date inserted in this ladocument's effective date on the | block does not meet the applicable state. Department of State's records. | tutory filing requirements, this date | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |

| Dated | 10/29/2020 |
|--------|---|
| Signat | (By the chairman or rice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary) GREGORY A. HAID |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were