

N050000010957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

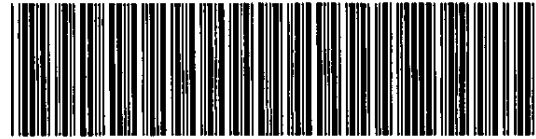
(Business Entity Name)

(Document Number)

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17 JAN 17 PM 4:20 58
SEC. OF STATE
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And...
JAN 18 2017
R. WHITE



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17 JAN 17 PM 2:18

FLORIDA DEPARTMENT OF STATE
Division of Corporations
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 28, 2016

SCOTT KIMBROUGH
9 W. 5TH ST
JACKSONVILLE, FL 32206

SUBJECT: THE ENCLAVE AT HOYT TERRACE HOMEOWNERS
ASSOCIATION, INC.
Ref. Number: N05000010957

We have received your document for THE ENCLAVE AT HOYT TERRACE HOMEOWNERS ASSOCIATION, 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 change of registered agent form cannot be used to change officers/directors. Please find enclosed the articles of amendment form for making these changes.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 416A00027568

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Enclave at Hoyt Terrace Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000010957

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Kimbrough

Name of Contact Person

The Enclave at Hoyt Terrace Homeowners Association, Inc.

Firm/Company

9 W. 5th Street

Address

Jacksonville, FL 32206

City/State and Zip Code

skimbro757@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Kimbrough

Name of Contact Person

at (904) 610-6077

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

17 JAN 17 PM 4:04

RECEIVED
TALLAHASSEE
JAN 17 2017

The Enclave At Hay Terrace Homeowners Assoc. Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

n/a

The new 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)

9 W 5th Street

Jacksonville, FL 32206

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9 W 5th Street

Jacksonville, FL 32206

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|----------------------------|---------------------------------|
| 1) <input type="checkbox"/> Change | <u>DIR</u> | <u>Bellamah, Andrew R.</u> | <u>8730 Georgia Ave ste 502</u> |
| <input type="checkbox"/> Add | | | <u>Silver Spring, MD</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>20910</u> |
| 2) <input type="checkbox"/> Change | <u>DIR</u> | <u>Kimbrough, Scott</u> | <u>9 W 5th St</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Jacksonville, FL 32206</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

n/a

The date of each amendment(s) adoption: 1/10/17 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1/10/17

Signature [Signature]

(By the chairman or vice 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 fiduciary)

ANDREW R. BELLAWAY
(Typed or printed name of person signing)

DIRECTOR (resigning)
(Title of person signing)

[Signature]
Scott Kimbrough
Director (new)