Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002075153)))



H100002075153ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN AKE MARY TOWNHOMES OWNERS' ASSOCIATION, INC.

RECEIVED

10 SEP 22 AM 8: 00

SECRETARY OF STATE
TALLAHASSEE, PLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

CCOVILIETTE

Electronic Filing Menu

Corporate Filing Ser 22,2000

Help



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Lake Mary To	wnhomes Owners' Asso	ociation, Inc.	
DOCUMENT NUM	BER: N06000000911			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corro	spondence concerning this ma	tt er to the following:		
— Manual of sec	Sharon K. Gray			
	(Name of	f Contact Person)		
	Triad Profes	sional Services, LLC		
	(Pim	n/ Company)		
	2050 Marconi Drive, Ste. 150			
	(Address)			
	Alpharetta, GA 30005			
pry dev r	(City/ State and Zip Code)			
A DESCRIPTION OF THE PROPERTY	E-mail address: (to be use	of for future annual report notifica	tion)	
For further informatio	n concerning this matter, pleas	e call:		
Sharon K. Gray		at (770) 777-209	1 na Telephona Number)	
	of Contact Person)	(Area Code & Daytin	ie Telephone Number)	
Enclosed is a check fo	r the following amount made p	payable to the Florida Department	of State:	
□ \$35 Filing Fee	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 P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

	of		
Lake Mary Townhomes Ow	vners' Association, Inc.		
(Name of Corporation as currently file		(e)	
N0600000			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 617.1006, Plorida the following amendment(s) to its Articles of Incorporate		ofit Corporation	adopts
A. If amending name, enter the new name of the cor	poration:		
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."		rporated" or the	'سعي
B. Enter new principal office address, if applicable:			NISION OF CORPORATION OF SIATE OF CORPORATION OF CORPORATION OF SIATE OF SIATE OF CORPORATION OF
(Principal office address MUST BE A STREET ADDR			THE SER
			N PA
			2 (C)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7		. S.
(maining dutiess MAL DESTROYS OF THE PUX	/		AAIII 21
			ON'S
D. If amending the registered agent and/or registered	d office address in Florida, ente	r the name of the	Ē
new registered agent and/or the new registered of	iice address:	•	
Name of New Registered Agent:	to the state of th	•	
New Registered Office Address:	(Florida street address)		
,	(City)	, Plorida (Zip Code)	
		(My Coucy	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.	tered Agent: I am familiar with and accept	the obligations o	of the
Signature	of New Registered Agent, if chang	ring	

Page 1 of 3

removed an		nd address of each	er the title and name of each offi Officer and/or Director being add	
Title	<u>Name</u>		<u>Address</u>	Type of Action
DTS	Todd Rasmussen		151 Southhall Lane Suite 200 Mailland FL 32751	☐ Add ☑ Remove
DTS	Jonathan White		151 Southhall Lane Sulta 200 Maitland, FL 32751	☑ Add ☐ Romove
<u>VPD</u>	Ketica Pia	zza	151 Southhall Lane Suite 200 Maitland, FL 32751	☐ Add ☐ Z Remove
		dditional Articles, of necessary). (Be	enter chango(s) here: specific)	
Add VPD	Drew Abel	151 Southhall	Lane, Ste. 200, Maltland, FL	32751
		12 pm (4 pm (4 mm) 12 mm) (4 m		
			and a state of the	
			entre en	
		· · · · · · · · · · · · · · · · · · ·		
				The state of the s
	 ,.			· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·				
				
- "	. ,.			***

7702201943

The date of each amenda	ment(s) adoption: 08/25/2010
Effective date if applicat	(date of adoption is required)
pricetive vate it appricate	(no more than 90 days after amendment file date)
Adoption of Amendment	(CHECK ONE)
The amondment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) approval.
There are no members adopted by the board of	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated Signatur	09/10/2010
<i>D.</i> 3	(By the chairman of 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)
•	Jonathan White
	(Typed or printed name of person signing)
	Secretary/Treasurer
	(Title of person signing)

Page 3 of 3