## N06000007807

| (Requestor's Name)                      |                    |             |  |
|---|--------------------|-------------|--|
| (Address)                               |                    |             |  |
| (Ac                                     | ldress)            |             |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | usiness Entity Nar | ne)         |  |
| (Document Number)                       |                    |             |  |
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DIVISION OF CORPORATIONS

15 APR 27 PM 2: 10

C.V. 15

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| 21101011 v. 201post-1111   |   |
|--|---|
| NAME OF CORPORATION:   | ESTATES RESIDENT OWNED COMMUNITY  |
| DOCUMENT NUMBER: NO60000   | 7807  |
| The enclosed Articles of Amendment and fee are submit  | tted for filing.  |
| Please return all correspondence concerning this matter  | to the following:   |
| Michael Rome   |   |
| (1   | Name of Contact Person)   |
| Associa Gulf Coast, Ir   | nc.   |
|  | (Firm/ Company)   |
| 9887 Fourth Street No  | orth, Suite 301   |
|  | (Address)   |
| St. Petersburg, FL 33  | 3702  |
|  | City/ State and Zip Code)   |
| mrome@associ   | agulfcoast.com  |
| E-mail address: (to be used for  | or future annual report notification)   |
| For further information concerning this matter, please ca                                      | all:  |
| Michael Rome   | 727 346-1924  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made pays   | able to the Florida Department of State:  |
| □ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status                                | \$3.75 Filing Fee & □\$52.50 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



|   | Articles of                              | of                                   | 15 APR 27                             | PM 2: 1 |
|---|--|--------------------------------------|---------------------------------------|---------|
| Four Seasons  | Satatos                                  |                                      | 12 MEN 21                             | 111 6-1 |
| (Name of Corporation as currently fil   |  |                                      |                                       |         |
| N060000   | 7807                                     |                                      |                                       |         |
| (Documer  | nt Number of Corpo                       | ration (if known)                    |                                       |         |
| Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation: | , Florida Statutes, th                   | nis <i>Florida Not For Profit C</i>  | orporation adopts the fo              | llowing |
| A. If amending name, enter the new name of  | of the corporation:                      |                                      |                                       |         |
|   |  |                                      | 7                                     | he new  |
| name must be distinguishable and contain the "Company" or "Co." may not be used in the        |  | " or "incorporated" or the c         | ibbreviation "Corp." or               | "Inc.   |
|   | <del></del>                              |                                      |                                       |         |
| B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>  |  | <del> </del>                         | ·                                     |         |
|   | _  |                                      |                                       |         |
|   |  |                                      |                                       |         |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)              | <u>e:</u><br>ICE BOX)                    |                                      |                                       |         |
|   | _  |                                      |                                       |         |
|   |  |                                      |                                       |         |
| D. If amending the registered agent and/or new registered agent and/or the new reg            | registered office a                      | ddress in Florida, enter the         | name of the                           |         |
|   |  |                                      |                                       |         |
| Name of New Registered Agent:   |  |                                      |                                       |         |
| New Registered Office Address:  | (Flo                                     | rida street address)                 |                                       |         |
|   |  | Flo                                  | rida                                  |         |
| _   | (City)                                   |                                      | (Zip Code)                            |         |
| New Registered Agent's Signature, if change I hereby accept the appointment as registered     | zing Registered Ag<br>agent. I am famili | ent:<br>ar with and accept the oblig | ations of the position.               |         |
|   |  |                                      | · · · · · · · · · · · · · · · · · · · |         |
| S   | ignature of New Res                      | gistered 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 | V Mik        | n <u>Doe</u><br>te <u>Jones</u><br>y <u>Smith</u> |   |
|----------------------------------|--------------|---|---|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>                                       | <u>Addres</u> s                               |
| 1) Change Add Remove             | Treasurer    | Bernie Johnston                                   | 13225 10   St. Lot 311<br>Largo, FL 33773     |
| 2) Change Add Remove             | , Tréasurer  | David Runnalls                                    | 13225 1015t 5t Lot #<br>495<br>Largo, #233773 |
| 3) Change Add Remove             | Director     | Steve Lynn  | 13225 1615+5+ L#<br>468<br>Largo, Fl 33773    |
| 4) Change Add Remove             | Director     | Dovid Runnalls                                    | 13225 1015+5+<br>Lot# 495 Largo,<br>FL 33729  |
| 5) Change Add Remove             | <del></del>  |   |   |
| 6) Change Add Remove             |              |   |   |

| amending or adding additional Art<br>tach additional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) a                              | doption:   | F 11.15                               | ाः<br>विद्यास्य if other than the |
|--|--|---------------------------------------|-----------------------------------|
| date this document was signed.                               |  | DIVISION OF CO                        | OF A I I Other than the           |
| Effective date <u>if applicable</u> :                        | (no more than 90 days after a  | mendment file date) 15 APR 27         | <u>PM 2</u> :                     |
| Adoption of Amendment(s)                                     | (CHECK ONE)  |                                       |                                   |
| The amendment(s) was/were a was/were sufficient for approx   | adopted by the members and the numb  | per of votes east for the amendment(s | )                                 |
| ☐ There are no members or mem adopted by the board of direct | nbers entitled to vote on the amendmentors.  | nt(s). The amendment(s) was/were      |                                   |
| Dated  | 23/15  |                                       |                                   |
| Signature Eccles   | and Kheeman  |                                       |                                   |
| have not be  | irman or vice chairman of the board, p<br>een selected, by an incorporator – if in<br>appointed fiduciary by that fiduciary) | the hands of a receiver, trustee, or  |                                   |
| Edwa   | (Typed or printed name of person si  | oning)                                |                                   |
| VicePr   | (Typed or printed name of person significant)  Secreta  (Title of person signing)  | MY                                    |                                   |