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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Burton Place	ce Homeown	ers Association, Inc.
DOCUMENT NUMBER: N0600007	864	<u> </u>
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Kristina Hudson, Esq.		
	(Name of Contact Person	1)
Booth & Cook, P.A.		
	(Firm/ Company)	
7510 Ridge Road		_
	(Address)	
Port Richey, FL 34668		
	(City/ State and Zip Cod	e)
joe@tampabaysig		
For further information concerning this matter, please	call:	
Kristina Hudson, Esq.	at (727	842-9105 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment

Articles of Incorporation

FILED

## Burton Place Homeowners Association, Inc.

2015 HAR 16 PM 4: 22

(Name of Corporation as currently filed with the Florida Dept. of State)
N0600007864

SEGRITIARY OF STATE
TALLAHASSEE, FLORIDA

(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:

me must be distinguishable and contain Company" or "Co." may not be used in t		tion" or "incorporated"	or the abbrev	viation "Corp." or
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS		9400 River Cre	ossing E	3lvd. #104
		New Port Rich	ey, FL	34655
Enter new mailing address, if applic		PO Box 828		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	Elfers, FL 346	80	
new registered agent and/or the new		ddress:		e of the
	Joseph Hud	ddress:	ter the nam	e of the
new registered agent and/or the new	Joseph Hud	ddress: dson	#104	
<u>Name of New Registered Agent</u> :	Joseph Hud	ddress: dson Crossing Blvd. (Florida street address)	#104	
Name of New Registered Agent:	Joseph Hud 9400 River	ddress: dson Crossing Blvd. (Florida street address)	#104	e of the 34655 (Zip Code)

Page 1 of 4

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 <math>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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DP	Michael L. Bronson	19906 Wyndham Lakes Drive
Add			Odessa, FL 33556
X Remove			
2) Change	DP	Joseph Hudson	PO Box 828
X			Elfers, FL 34680
Remove			
3) Change	DTS	Derek Mitchell	PO Box 828
X			Elfers, FL 34680
Remove			
4) Change	DV	Sue Silva	9400 River Crossing Blvd. Ste. #104
X Add			New Port Richey, FL 34655
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
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 3-11-15	
Signature	<del></del>
(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)	
JOSEPH HUDSON	
(Typed or printed name of person signing)  DP - DIRECTOR/PRESIDENT	
(Title of person signing)	