

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008

Phone

: (850)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 NEW HOMETOWN AT WINTHROP HOMEOWNERS ASSOCIATION, INC

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Certificate of Status	0
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Page Count	06
Estimated Charge	\$43.75

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JUN - 4 2018

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COVER LETTER

TO: Amendment Section Division of Corporations

NEW HOMETOWN A'T WINTHROP HOMEOWNERS ASSOCIATION, INC.				
N06000009350 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
JENNIFER BADEN				
	(Name of Contact Person)			
TRIAD PROFESSIONAL SERVICES				
	(Firm/ Company)			
1720 WINDWARD CONCOURSE, SUITE 390				
(Address)				
ALPHARETTA, GA 30005				
	(City/ State and Zip Code)			
JBADEN@TRIADPROS.COM				
E-mail address: (to be u	sed for future annual report notification)			
For further information concerning this matter, plea	se call:			
JENNIFER BADEN	770 777-2091			
(Name of Contact Pers				
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	& ■\$43.75 Filing Fee & □\$52.50 Filing Fee S Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)			
Muiting 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			

Tallahussee, FL 32301

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2018 JUN - 1 AM 11: 24

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORID;

NEW HOMETOWN AT WINTHROP HOMEOWN	NERS ASSOCIATION, INC.	
(Name of Cornoration a	s currently filed with the Flo	rida Dept, of State)
N06000009350		-
(Docume	nt Number of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not F</i>	or Profit Corporution adopts the following
A. If amending name, enter the new name of the c	orporation:	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name	'corporation" or "Incorporate	The new d" ar the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	e: DRESS)	
C. Euter now malling address, if applicable: (Malling address MAY BE A POST OFFICE BO	2X)	·
D. If aniending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, office address:	enter the name of the
Nume of New Registered Agent:		
New Registered Office Address:	(Florida stree: address)	
		, Florida
	(City)	(Zip Code)
low Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am famillar with and accept	the obligations of the position.
	Signature of New Regist	ered Agent, if changing

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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 Doc 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	<u>V</u> <u>Мі</u>	n Doc se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VT	BOB THORNE	3922 COCONUT PALM DRIVE
Add			SUITE 108
X Remove			TAMPA, FL 33619
2) Change	VTD	CARLOS DE LA OSSA	3922 COCONUT PALM DRIVE
X Add			SUITE 108
Remove			TAMPA, FL 33619
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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. If smending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	<u> </u>
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The date	e date of each amendment(s) ad a this document was signed.	option:	, if other than the
EM	ective date if applicable:		•
		(no more than 90 days after amendment file date)	
<u>Not</u> doc	ta: If the date inserted in this blo nument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amond	ment(s)
	There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was	were
	Dated JUNE	1. 2018	
	Signature	ann BM	
	have not bee	nan or vice chairmen of the board, president or other officer-if din is selected, by an incorporator — if in the hands of a receiver, truste opointed fiduciary by that fiduciary)	ectors e, or
		(Typed or printed name of person signing)	
		(Title of person signing)	