

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
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SEP 1 7 2019 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION, VILLAS at Heritage Park Homeanner
DOCUMENT NUMBER: NO 60000 10 769
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marquita Soundors (Name of Contact Person)
ASSOCICE Community management concepts of Jackson
7400 Baymeadows way, ste 317
Jacksonville, FL 32256 (City/ State and Zip Code)
Marquita, Sandesse Cnc Jax Fla. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marquita Samders  (Name of Contact Person)  at 904 367-8532 oft 2  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy is enclosed} \text{Certified Copy is Enclosed}
Mailing Address Street Address Annual Species Approximate Sections

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

Villas at Heritage Park Homeowners Association, Inc.
NO6000010769
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617 1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation.
A. If amending name, enter the new name of the corporation:
The new rame 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 <u>MUST BE A STREET ADDRESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Jacks on ville, FL 32256.
<ol> <li>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;</li> </ol>
Name of New Registered Agent Community Management Concepts of Jackson ville Inc. 7400 Baymeadows way Ste 317
New Registered Office Address:
Tacksonville Florida 32256 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Classification of the position.  Signature of New Rigistered 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 Saily Smith. SV as an 4dd.

Example: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	. D	IVETTE REYES	7400 BAYMEADOWS WAY
X_ Add			SUITE 317
Remove			JACKSONVILLE, FL 32256
2) Change	D	DAVID SANDERS	7400 BAYMEADOWS WAY
Y Add			SUITE 317
Remove			JACKSONVILLE, FL 32256
3) Change			
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · ·	
Add			
Remove			
5, Change			
_ Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

(attach additional sheets, if necessary)	(Be specific)	
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The date of each amendment(s) adoptate this document was signed.	ion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment fil	le dute)
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statutory filing rement of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes co	ast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The an	nendment(s) was/were
Dated 8-7	2019	
Signature	or vice chairman of the board, president or o	other officer-if directors
have not been s	elected, by an incorporator - if in the hands of conted fiduciary by that fiduciary)	
MARC DI	MARZO	
<del></del>	(Typed or printed name of person	signing)
PRESIDA	TN	
<del></del>	(Title of person signing	g)