## N06000011518

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	· e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2010 SEP 22 PH I: 10
SCURETARY OF STATE

Amend

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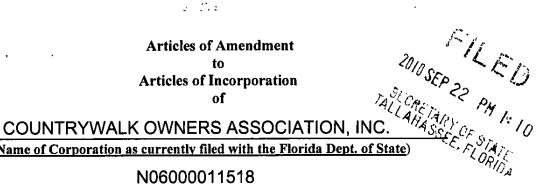
SEP 22 2010

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: COUNTRYWA	LK OV	/NERS	SASSC	CIATION, INC.	-
DOCUMENT NUM	BER: N06000011518	······································				_
The enclosed Articles	s of Amendment and fee are sub	mitted for	filing.			
Please return all corre	espondence concerning this matte	er to the f	ollowing	:		
		Y ECKL				
	(Name of	Contact P	erson)			
	ELIAS PROPEI	RTY MA	NAGE	MENT		
	(Firm	/ Compan	y)			
	P.O.	BOX 95	95			
	(A	Address)				
•	FLEMING IS	SLAND,	FL 320	06		
	(City/ Stat					
	BECKY@ELIASPROP	ERTYM	ANAGE	EMENT.	СОМ	
	E-mail address: (to be used	d for futur	e annual	report no	ification)	
For further informati	on concerning this matter, please	e call:				
BECKY ECKLOP	:	at (	904	) 284-	3217	
	of Contact Person)	(		_/	aytime Telephone Num	ber)
Enclosed is a check t	or the following amount made p	ayable to	the Flori	da Departi	ment of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certif	fied Copy itional co		\$52.50 Filing Certificate of S Certified Copy (Additional Co	tatus
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314		Ameno Divisio Cliftor	Address dment Section of Corpo Building		

Tallahassee, FL 32301



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

(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:

he new name must be distinguishable ar bbreviation "Corp." or " Inc." <u>"Compan</u>		
s. Enter new principal office address, if Principal office address <u>MUST BE A STA</u>		
. Enter new mailing address, if application (Mailing address MAY BE A POST O		
	<del></del>	
•		a, enter the name of th
. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:		a, enter the name of th
		a, enter the name of th
new registered agent and/or the new  Name of New Registered Agent:	registered office address:	a, enter the name of the

Page 1 of 3

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DP	MICHAEL L GREEN	450 S. ORANGE AVENUE 4TH FLOOR ORLANDO, FL 320801	☐ Add ☑ Remove
DS	MICHAEL L GREEN	450 S. ORANGE AVENUE 4TH FLOOR ORLANDO, FL 320801	☐ Add ☑ Remove
<u>DP</u>	TIM LITTLE	450 S. ORANGE AVENUE 4TH FLOOR ORLANDO, FL 320801	✓ Add ☐ Remove
E. If amendin (attach addi	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	hange(s) here:	
		,	
			-

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>DT</u>	JASON SMITH	450 S. ORANGE AVENUE 4TH FLOOR ORLANDO, FL 320801	_ ☑ Add _ □ Remove
DS	RENEE SMITH	450 S. ORANGE AVENUE 4TH FLOOR ORLANDO, FL 320801	_ ☑ Add _ ☐ Remove
	<u> </u>		_ □ Add _ □ Remove
	ling or adding additional Ar dditional sheets, if necessary).		
	enteredador de Aleita e enteres e		
			•

The date of each amendment(s) adoption: 4-20-10
(date of adoption is required)
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
(no more than 90 days after amenament 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.
Signature  (By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)  Renee Smt.  (Typed or printed name of person signing)  Secretary.  (Title of person signing)

Page 3 of 3