NONWOOMY

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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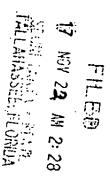




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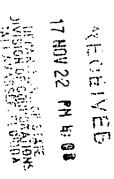
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2017

KIM RAZOR 273 SHANKLIN ROAD FLEMINGS, KY 41041

SUBJECT: BLUE HORIZON CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N07000001774



We have received your document for BLUE HORIZON CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The:date:of-adoption-of-each-amendment-must/be-included-in-the-document.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If-the-corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the 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.

The=capacity_of_the_person_signing the document_must_be_typedsor_printed beneath-or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 617A00020859

COVER LETTER,

and the state of t
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HUL HOM TON Undominium ASSOCIATION, Inc.
NAME OF CORPORATION: 1 10 10 10 10 10 10 10 10 10 10 10 10 1
N N N N N N N N N N N N N N N N N N N
DOCUMENT NUMBER: V U V U V V V V V V V V V V V V V V V
The enclosed Articles of Amendment and fee are submitted for filing.
The choised Afficies of Amenament and fee are submitted for fitting.
Please return all correspondence concerning this matter to the following:
NIM KHATK
(Name of Contact Person)
202 /h. V
0.10 2 100000000000000000000000000000000
(Firm/ Company)
TIAMINA MUVI / IKV/ - HIUTI
(Address)
Nan Death as danal 1. 1. 1. a. W.
(City/ State and Lip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Christian Kim Karan - 606-748-1222
White Wands Vandall 416-200 1210
11101, WUNUM LUVIUR at 713 25-6290
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy enclosed) (Additional Copy is
enclosed) (Additional Copy is Enclosed)
- Mailing Address Amendment Section Street Address Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, Fl. 32314 2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation 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: A. If amending name, enter the new name of the corporation: name 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 MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

Executive Officer; CF(held. President, Treass	O = Chief Financia	Officer. If an officer/director holds more t	than one title, list the first letter of each office
Changes should be not a change, Mike Jones I Mike Jones, V as Remo	ieaves ine corporati	on, Sally Smith is named the V and S. These	e PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X/Change X/Remove X/Add	PT John E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PDT	KIM KAZEN	273 Shanklin Road Eleminesbux 1 Kex
Remove 2) Change Add	POT	Wanda Kandel	1/05 Gult Bine South
Remove Add Remove	HPD E	Stre Berger	Hadenton Beau 174217 4905 Grand Court 124217 West Bloom Lield, M. L. 48224-1511
4) Change			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add Remove			

Page 2 of 4

. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(attach additional sheets, if	necessary). (Be spe	ecific)			
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The date	date of each amendment(s) adoption: this document was signed. , if other than the
Effe	ctive date if applicable:
	(no more than 90 days after amendment file date)
<u>Note</u> docu	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Adoj	otion of Amendment(s) (CHECK:ONE)
X	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 $\frac{11/20/2017}{}$
	Signature West de Landel
	(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)
	- Wanda Landel
	(Typed or printed name of person signing)

(Title of person signing)