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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Quail Hollow Residentia NAME OF CORPORATION:	l Townhomes Owi	ners Associatio	on Inc
N07000003571 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitte	ed for filing.		
Please return all correspondence concerning this matter to	Ū		
Christina Pettys			
(Na	me of Contact Per	rson)	
PCB Management Inc			
	(Firm/ Company)		
PO Box 19522			
···	(Address)	· ·	
Panama City Beach, FL 32417			
(Cit	y/ State and Zip C	ode)	
pcbmanagement@gmail.com			
E-mail address: (to be used for	future annual repo	ort notification	<u>-</u>
For further information concerning this matter, please call	:		
Christina Pettys		850	596 1754
(Name of Contact Person)	((Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida D	epartment of S	itate:
(2	43.75 Filing Fee & entified Copy Additional copy is inclosed)	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sectionsision of Corpo Centre of Ta	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

οf

Quail Hollow Residential Townhomes Owners Association Inc

FILED

Quali Hollow Residential Townhollies Owners Association i	TIC .		
Name of Corporation as currently filed with the Florida	Dept. of State)	20741110.22	
N07000003571		2024 III.R 22	14: 5: 47
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida No</i>	t For Profit Corporation :	adopts the following
A. If amending name, enter the new name of the corpora	tion:		
			The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpor	ated" or the abbreviation	"Corp." or "Inc."
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)			
			<u> </u>
D. If amending the registered agent and/or registered offi		ida, enter the name of th	<u>e</u>
new registered agent and/or the new registered office a	iuuress.		
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:		(Pioriua sirvei audress)	
		, Florid	a
	(City)	Zip	Code)
New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent. I am fa		ept the obligations of the	position.
,		, 5	•
	ignature of New Re	gistered Agent, if changin	g

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 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>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Pres	Michael Kolbe	7211 Quail Hollow Dr Panama City Beach, FL 32408
* Remove			
2) Change Add	Dir	Henry Pelusi	7210 Quail Hollow Dr Panama City Beach, FL 32408
Remove 3) Change Add Remove	<u>Dir</u>	AprilEisenman	7216 Quail Hollow Dr Panama City Beach, FL 32408
4) Change	<u>Pres</u>	Elizabeth Diaz	7220 Quait Hollow Dr Panama City Beach, FL 32408
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
<u></u>		_	

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•		
		
		
		
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The date of each amendment(s) adon	tion: 03/01/2024	if other than the
date this document was signed.		, 11
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be timent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes cast for the amendment(s)	

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
Signature (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)
Michele Fry
(Typed or printed name of person signing)
Secretary

(Title of person signing)