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Amend

OCT -7 2015

### **COVER LETTER**

TO: Amendment Section Division of Corporations

SPRINGFIELD OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.  NAME OF CORPORATION:
N07000004663 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shane Strawn
(Name of Contact Person)
Springfield of Hills borough Hoa
(Firm/ Company)
2701 Santa Barbara Ct
(Address)
Plant City FL 335 66 (Cky) State and Zip Code)
(Cky) State and Zip Code)
E-mail address: (to be used for future annual report indiffication)
For further information concerning this matter, please call:
Shane Strawn at (813)787 - 0779  (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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

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**

2015OCT-5 PM 2:59 of SPRINGFIELD OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State N07000004663 (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: The new 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: New Registered Office Address:

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.

Signature of New Registered 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 Sally Smith, SV as an Add.

Example: XChange X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	D. Joel Adams	3020 S. Florida Ave., Suite 305
Add			Lakeland, FL 33803
X Remove			<del></del>
2) Change	VP	Brian Walsh	3020 S. Florida Ave., Suite 305
Add			Lakeland, FL 33803
X Remove			
3) Change	STD	Stacy Allison	3020 S. Florida Ave., Suite 305
Add			Lakeland, FL 33803
X Remove			
4) Change	<u>P</u>	Bryan Foote	21003 Santa Barbara Ct
X Add		J	Plant City, FL 33866
Remove			
5) Change	VP	Kelly Bolin	3211 San Andreas Dr
X Add			Plant Cly, FL 33566
Remove			
6) Change	ST	Shane Stawn	2701 Santa Barbara Plant City, FE33566
X Add			Plant CH . F. 33566
Remove			01

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
<u> </u>	

		9/30/2015	
The	date of each amen	dment(s) adoption:	, if other than the
date	this document was	signed.	
		9/30/2015	
Effe	ctive date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date verte on the Department of State's records.	will not be listed as the
Ado	ption of Amendme	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendments tfor approval.	(s)
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	September 30, 2015	
		80 85T	
	Signature	000	<del> </del>
	(	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Shane Strawn (Typed or printed name of person signing)	-
		Secretary Treasurer (Time of person signing)	<del>-</del>