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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tower Grove Estates Homeowners ASSOC
DOCUMENT NUMBER: NOT 0000465
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nowella H Bennett (Name of Contact Person)
Tower Crove Estates Homeamers association Inc
1/3 Tower enoue of
Plant aty 4-33561
(City/State and Zip Code) Mowelda B D Jahoo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NowELLA BENNETTat (8/3) 38/-8302- (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) \$35 Filing Fee Certificate of Status Certificate of Status (Additional copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tower Grove Estates Hompouners associat	-100	i
(Name of Corporation as currently filed with the Florida Dept. of State)		
NOTOOOMYUUS		
(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 folloamendment(s) to its Articles of Incorporation:	wing	
A. If amending name, enter the new name of the corporation:		
\wedge) \downarrow \triangle	new .	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "incorporated" or the abbreviation "Corp." or "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) 4212 HAWKINS Rd PLANT CITY, F1 33567		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Loyd R. O'S FEEN 4212 HAW Lins Rd Plant city, Fl. 32567		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		
Name of New Registered Agent: Lloyd R. O'S TEEN 4212 Hawkins Rd (Florida street address) New Registered Office Address:		
Plant city Florida 33567 (City) (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. Signature of New Registered Agent, if changing	14:	::
Page 1 of 4	E ESE	į

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 A Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	79	D. Joel Adams	3020 S Florida Ave Suite 101: LAKeland, FL 3380B
2) Change Add	DVP	Robert J Adams	3020 S. Florida Ave Soite 101 LAKELand, Fl 33803
Remove 3) Change Add Remove	DST	Stacy Allison	3020 S. FIORIDA AVE Suite 101 Lakelland, FL 33803
4) Change Add Remove	DP_	LloyD R. O'Steen	4212 HAWKINS ROL Plant City, FL 33567
5) Change Add Remove	DVP	Donnie E HOOKS	615 Kilgore Rd Plant City, FL 33567
6) Change	DST	Nowella H Benne	tt 713 Tower Grove Dr Plant City, FL 33567
Remove		Page 2 of 4	Want City, FC 3330"

If amending or adding additi (attach additional sheets, if nec	essary). (Be specifi	ic)		
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		. .		

The date of each amendment(s) add date this document was signed. Effective date if applicable:	option:	, if other than the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
☐ There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	09/18/14 lev 0 10 10 10 10	
(By the chairr have not bee	nan of vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	Typed or printed name of person signing)	
	(Title of person signing) (Title of person signing)	