NU1000005949

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Amend

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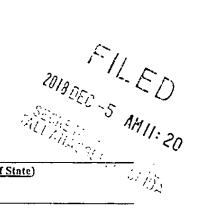
TO: Amendment Section Division of Corporations

THE COVE AT A NAME OF CORPORATION:	VELAR CREEK TOW	/NHOMES AS	SOCIATION, INC.
N07000005949 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Nathan A. Frazier, Esq.			
	(Name of Contact Pe	erson)	
Frazier Law Group, PLLC			
	(Firm/ Company	<i>(</i>)	
202 South Rome Avenue, Suite 125			
	(Address)		
Tampa, FL 33606			
	(City/ State and Zip	Code)	
registeredagent@frazierbrownlaw.com			
E-mail address: (to be us	ed for future annual rep	ort notification	i)
For further information concerning this matter, pleas	se call:		
Nathan A. Frazier, Esq.	at	813	603-8600
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of S	State:
■ \$35 Filing Fee	& □\$43.75 Filing Fees S Certified Copy (Additional copy i enclosed)	Certifi s Certifi	0 Filing Fee icate of Status ied Copy is used)
Mailing Address Amendment Section Division of Corporations	An	reet Address nendment Secti vision of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



THE COVE AT AVELAR CREEK TOWNHOMES ASSOCIATION, INC.

(Name of Corporation	ı aş curren	tly filed with the Flor	ida Dept, of State)
N07000005949			
(Docur	ment Numb	er of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not Fol</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	lon:	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated	" or the abbreviation "Corp." or "inc."
B. Enter new principal office address, if applica	ıble:	202 South Rome Ave	nue
(Principal office address MUST BE A STREET A		Suite 125	
		Tampa, FL 3606	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BQX</i>)	202 South Rome Ave	entie
		Suite 125	
		Tampa, FL 33606	
D. If amending the registered agent and/or regis	•		enter the name of the
new registered agent and/or the new register	red office a	ddress:	
Name of New Registered Agent:	Frazier La	aw Group, PLLC	
	202 South	Rome Avenue, Suite	125
Now Bouletoned Office Addresses		(Flo	orida street address)
New Registered Office Address:			22.00
	Tampa		Florida 33606
c:		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			the obligations of the position.
_	S	ignature of New Registe	ered 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: X Change X Remove X Add	V Mil	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S/T	Christopher Holloway	10405 Orchid Mist Court
Add			Riverview, FL 33578
X Remove			
2) X Change	<u>P</u>	Michael Finke	202 South Rome Avenue
Add			Suite 125
Remove			Tampa, FL 33606
3) X Change	<u>v</u>	Joseph DeProspo	202 South Rome Avenue
Add			Suite 125
Remove			Tampa, FL 33606
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

attach additional sheets, if necessary).	(Be specific)				
	 				
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	te date of each amendment(s) adoption:	in the
	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.	e
Ado	loption 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.	
	Dated	
	Signature III my July	
	(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)	
	Michael F, NKe (Typed or printed name of person signing)	
	PResident (Title of person signing)	

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