## N0700000 6494

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

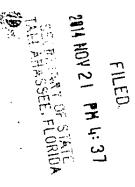
Office Use Only



000266579080

11/21/14--01033--015 \*\*35.00

anend



essage Cittle

12/2/14

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Hampton Co	ve Homeow	ners Association, Inc.
DOCUMENT NUMBER: N070006494	4	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	•
Denise Abercrombie	•	
(	Name of Contact Pers	on)
Highland Community Mar	nagement	, LLC
	(Firm/ Company)	
3020 S. Florida Ave., Sui	te 101	
**************************************	(Address)	
Lakeland, FL 33803		
	City/ State and Zip Co	ode)
info@hcmanagem		
E-mail address: (to be used to	for future annual repor	t notification)
For further information concerning this matter, please c	all:	
Denise Abercrombie	<sub>at</sub> 863	619-7103 ext 297
(Name of Contact Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida De	partment of State:
■ \$35 Filing Fee	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis Clifte 2661	et Address Indiment Section Ition of Corporations In Building Executive Center Circle Indianal Section 1988  The Address

## Articles of Amendment to Articles of Incorporation of

FILED.

	O1	FILEU.
Hampton Cove Homeowne	ers Association, Inc.	NOV 0 1 BM 1. 27
(Name of Corporation as currently fi	ied with the Florida Dept. of State)	2814 NOV 21 PM 4: 37
N07000006494		CHORELANY OF STATE
(Docume)	nt Number of Corporation (if known)	SECRESSMY OF STATE TAELAHASSEE, REORIDA
·	• • •	10.2
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain the		The ne
"Company" or "Co," may not be used in the  B. Enter new principal office address, if ap (Principal office address MUST BE A STRE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	name.  pplicable: ET ADDRESS )  e: TCE BOX	
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Florida street address)	
<u></u> -	(Cr. )	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		
St.	Kumare of Hen residence alsem, if can	'5'''5

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	<u>V</u> <u>Mik</u>	n <u>Doe</u> se <u>Jones</u> y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VPD	Mark Ackerman	1400 East Oakland Park Blvd., Suite 103
X Add			Fort Lauderdale, FL 33334
Remove			_
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional A (atlach additional sheets, if necessary).	rticles, enter chai . (Be specific)	nge(s) <u>here</u> :		
				<u>,, </u>
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
			- <del></del>	
			<del></del>	<u>.</u>
	···		·	
	· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	
	······································			
	· · · · · · · · · · · · · · · · · · ·			
	<del></del>			
			············	
		<del></del>	<del></del>	

The	, if other than the		
	date this document was signed.  Effective date if applicable: 06/11/2014		
	-	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) opproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated No.	vember 11, 2014	
	Signature		
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator—if in the bands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Stanle	y Markofsky	
	<u></u>	(Typed or printed name of person signing)	
	Preside	ent/Director	
		(Title of person signing)	