N07000036494

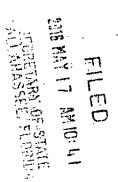
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COVER LETTER

TO: Amendment Section Division of Corporations

HAMPTON ON NAME OF CORPORATION:	COVE HOMEOV	VNERS ASSOC	IATION,	INC	
N07000006494					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee a	re submitted for	filing.			
Please return all correspondence concerning this	s matter to the fo	llowing:			
DENISE ABERCROMBIE					
	(Name of	Contact Person)		
HIGHLAND COMMUNITY MANAGEMEN	T, LLC				
	(Firm	n/ Company)			
3020 S. FLORIDA AVE, SUITE 305					
	(.	Address)			
LAKELAND, FL 33803					
	(City/ Sta	te and Zip Code)	 ···	
INFO@HCMANAGEMENT.ORG					
E-mail address: (to	be used for future	annual report n	otification)	
For further information concerning this matter,	please call:				
DENISE ABERCROMBIE		863 at		940-2863	
(Name of Contact	Person)		ea Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amount n	nade payable to th	he Florida Depar	rtment of S	State:	
\$35 Filing Fee \$43.75 Filing Certificate of \$	Status Certifie	ed Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy sed)	
Mailing Address		Street A	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 to Articles of Incorporation of

HAMPTON COVE HOMEOWNERS ASSOCIATION, I	NC.	
(Name of Corporation as cur	rently filed with the Flor	rida Dept. of State)
N07000006494		
(Document Nu	mber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporate	The naw d" or the abbreviation "Corp:" or, "Inc."
D. Futer was animainal office address if applicable.	,	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE.</u>	(22	
		· et (n)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	Plorida street address)
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	r <mark>ed Agent:</mark> n familiar with and accep	t the obligations of the position.
	Signature of New Regis	stered 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	<u>V</u> <u>M</u> i	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>st</u>	Karen Persinger	219 Broad Street
Add			Winter Haven, FL 33881
x Remove			
2) Change	ST	William L. Dixon	115 Broad Street
X Add			Winter Haven, FL 33881
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter change(s (Be specific)	s) here:			
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			<u> </u>		
		<u> </u>			
	 				

	•	May 3, 2016	
The	date of each amendmer	it(s) adoption:	, if other than the
date	this document was signe	i .	
		May 3, 2016	
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	t be listed as the
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	May Dated	3, 2016	
	Signature 🗸	luoda Jurner.	
	(Bŷ th have	e Chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
	S	yeda Turner	
		(Typed or printed name of person signing)	
	P	resident	
	_	(Title of person signing)	