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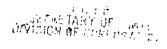
TO: Amendment Section Division of Corporations

BAYWOOD FORESTHOMEOWNERSASSOCIATION, INC.	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Toby Best (Name of Contact Person)	
(Name of Contact Person)	
BAYWOOD Forest Home Owners Association Time. (Firm/ Company)	
(Firm/ Company)	
235 E 5th Stratt	
235 E 5th Street (Address)	
POPKA, FI 32703 (City/ State and Zip Code)	
(City/ State and Zip Code)	
BEST HOMOUNES (P. Org E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Toloy B=8+ at \(\frac{107-880.2451}{\text{(Area Code)}}\) (Daytime Telephone Number	
(Name of Contact Person) (Area Code) (Daytime Telephone Numbe	r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\sum_{\text{S43.75}} \text{Filing Fee & \$\sum_{\text{S43.75}} \text{Filing Fee & \$\sum_{\text{S43.75}} \text{Filing Fee & \$\sum_{\text{Certificate of Status}} \text{Certificate of Status} \text{Certified Copy is enclosed} \text{Certified Copy is Enclosed}	
Mailing Address Street Address	
Amendment Section Amendment Section	

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



2017 MAR -6 PM 9: 03

BAYWOOD FOREST HOMEOWNERS'	ASSOCIATION, INC.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
No70000	©7774
(Document Numb	per of Corporation (if known)
amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	235 E 5+h Street ApopKA, FI 32703
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	235 E 5th Stratt
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the name of the ddress:
Name of New Registered Agent:	Toby BEST
New Registered Office Address:	35 E 5 th Street (Florida street address)
-H	popket , Florida 32703 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	
	oliz SIT
Si	ignature (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 <math>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	PT John De V Mike Je SV Sally Se	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DPT	DONALD MAHEUX	2917 RUSTWOOD LANE
Add			EUSTIS, FL 32726
X Remove			
2) Change	P	TOBY BEST	235 5TH STREET
X Add			APOPKA, FL 32703
Remove			
3) Change	S/T	CRYSTAL VINES	235 5TH STREET
X Add			APOPKA, FL 32703
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	***************************************		
Remove			

attach additional sheets, if necessary).	(Be specific)				
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	e date of each amendment(s) adoption:	if other than the
date	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
_	tes. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not buttenn's effective date on the Department of State's records.	re listed as the
4de	option 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.	
e	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	FEBUARY 22, 2017 Dated	
	Signature Dondd Maleurs	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if is the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	DONALD MAHEUN	
	(Typed or printed name of person signing)	
	DPT	
	(Title of person signing)	