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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		B RESIDENTS	ASSOCIATION INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fe	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
SARAH WEBNER			
	(Name of Contact F	'erson)	
WONSETLER AND WEBNER PA			
	(Firm/ Compan	y)	<u></u>
717 N MAGNOLIA AVENUE			
	(Address)	11	
ORLANDO, FL 32803			•
· · · · · · · · · · · · · · · · · · ·	(City/ State and Zip	Code)	7-1
President@hilocheereserve.com			
E-mail address: (to	o be used for future annual re	port notification	n)
For further information concerning this matte	r, please call:		
MARIBETH MOORE	at	412	779-3776
(Name of Contac		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Certifi is Certifi	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section		reet Address nendment Secti	on

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ROYAL EQUESTRIAN RANCH CLUB RESIDENTS ASSOCIATION INC.

Name of Corporation as currently filed with the Florida Dept. of State)		
N07000007905		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit C</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
Hilochee Reserve Homeowners Association, Inc.		The ne
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the o	abbreviation "Corp." or "Inc.'
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	2127 Longleaf Lane, Clermont	, FL 34714
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2127 Longleaf LancClermont,	FL 34714
). If amending the registered agent and/or registered offic	e address in Florida, enter the	name of the
new registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
		, Florida
	(City)	, Florida (Zip Code)
lew Registered Agent's Signature, if changing Registered Abereby accept the appointment as registered agent. I am fam	Agent: iliar with and accept the obliga	itions of the position.
Sign	nature of New Registered Agent	t 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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	_	·	<u> </u>
Remove			
E. If amending or adding (attach additional sheet)	additions, if neces	nal Articles, enter change(s) here: ssary). (Be specific)	
			
Contract Con	·		
			

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				<u></u>		
The date of each amendment date this document was signed		_				, if other than the
Effective date <u>if applicable</u> :	August 16, 20		-			
Note: If the date inserted in the document's effective date on t	nis block does t	o more than 90 de not meet the appl of State's record	icable statutory			ll not be listed as the
Adoption of Amendment(s)	((CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap	vere adopted by	the members an	d the number o	of votes cast for	the amendment(s)

Dated August 11, 2022
Signature MM Stibe HAMA OOK
(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)
Maribeth Moore
(Typed or printed name of person signing)
President
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.