<u>10000008357</u>

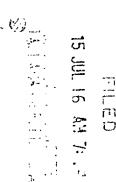
	(Requestor's Name)		
	(Address)		
<u> </u>	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
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COVER LETTER

TO: Amendment Section
Division of Corporations

neowners Association	
ubmitted for filing.	
atter to the following:	
(Name of Contact Person	n)
(Firm/ Company)	
(Address)	
(City/ State and Zip Cod	е)
sed for future annual report	notification)
se call:	
35	2 431-5899
	rea Code) (Daytime Telephone Number)
payable to the Florida Depa	artment of State:
& \$\square\$\$ \$\square\$\$ \$\text{Certified Copy}\$\$ (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
	Address Iment Section
	(Name of Contact Person (Firm/ Company) (Address) (City/ State and Zip Cod sed for future annual report se call: at at (Ai (Ai (Ai (Ai (Ai (Ai (Ai (A

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

Pillars Ridge Homeowners Association			
(Name of Corporation	as current	tly filed with the Florid	a Dept. of State)
N07000008257			
(Docum	nent Numbe	er of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
			The new
name must be distinguishable and contain the word		ion" or "incorporated"	or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10825 Wyandotte Drive	
		Clermont, Florida 3471	1
C. Enter new mailing address, if applicable:		P.O. Box 151594	
(Mailing address MAY BE A POST OFFICE BOX)			
		Clermont, Florida 3471	2-1594
D. If amending the registered agent and/or registered agent and/or the new register	ed office a	ddress:	nter the name of the
Name of New Registered Agent:	John Levy	y	
	10825 Wy	yandotte Drive	
New Registered Office Address:		(Flori	da street address)
<u>new Registered Office Address.</u>	Clermont		34711
	Cicinon	(City)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I			- alliantions of the
I hereby accept the appointment as registered agen	ı. ı am jar	muiar wun ana accept th	e oonganons of the position.

Page 1 of 4

ature of 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 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>N</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VD_	Harvey White	10000 Peliseur Court
X Add			Clermont, FL 34711
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

Please remove EPM Services as our agent. Change to John Levy						
Please change address to PO Box listed above						
Please add Harve	y White as Vice Preside	ent and Director.	John Levy rema	ains Treasurer; Ri	chard Newman ren	nains Preside
· -			· · · · · · · · · · · · · · · · · · ·			
<u> </u>						
						
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. . .

	7/13/2015	
The date of each amendmen date this document was signed		, if other than the
Effective date <u>if applicable</u> :	7/13/2015	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/v was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(spproval.)
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
7/13/ Dated	2015	
Signature	ohn Less	
have	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)	
Jo	hn Levy	
	(Typed or printed name of person signing)	
Tr	easurer, Pillars Ridge Homeowners Association	
	(Title of person signing)	