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SECRETARY OF STATE
ALLANIASSET FERRALE.

(IRM) 10-9-14

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: HIDDEN FORE | EST HOMEOWNE | ERS' ASSOCIATION, INC. | |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---|
| DOCUMENT NUMBER: NO700008 | 305 | | _ |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | FALE | |
| Please return all correspondence concerning this matte | er to the following: | CAE. | |
| John H. Evans | | က်ပါ တရိ က ျ | |
| | (Name of Contact Person | n) | - |
| John H. Evans, P.A. | | 그는 그런 전투 전투 | |
| | (Firm/ Company) | Þ | _ |
| 1702 S. Washington Ave |) . | • | |
| | (Address) | | _ |
| Titusville, FL 32780 | | | |
| { | (City/ State and Zip Cod | e) | |
| | | | |
| E-mail address: (to be used | for future annual report | notification) | |
| For further information concerning this matter, please | call: | | |
| John H. Evans | _{at (} 321 | 267-5504 | |
| (Name of Contact Person) | (Area C | ode & Daytime Telephone Number) | _ |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | artment of State: | |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Ameno Divisio Cliftor 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 | |

Articles of Amendment to Articles of Incorporation

HIDDEN FOREST HOMEOWNERS' ASSOCIATION, INC.

| (Name of Corporation as current | y filed with the F | lorida Dept. of State) | · · · · · | | |
|----------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|-----------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N07000008305 | | | | | |
| (Doct | iment Number of (| Corporation (if known) | | | |
| Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat | | ites, this Florida Not For Profit Corporation | on adopts the f | ollowin | ıg |
| A. If amending name, enter the new na | me of the corpora | ition: | | | |
| N/A | | | | The nev | w |
| name must be distinguishable and contain "Company" or "Co." may hot be used in | | ration" or "incorporated" or the abbreviate | ion "Corp." oi | " "Inc." | 1, |
| B. Enter new principal office address, i | f applicable: | N/A | | | |
| (Principal office address MUST BE A ST | <u>KEET ADDKESS</u> | 2) | | | |
| | | | | | |
| C. Enter new mailing address, if applie | eable: OFFICE BOX) | N/A | | | |
| | | | SEI SEI | 14 | |
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| | | 6 11 1 Fb 11 4 41 | S :: . | 29 | Character Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist Specialist S |
| new registered agent and/or the new | | fice address in Florida, enter the name of address: | tine - | 70 | ŗ' Y |
| Name of New Registered Agent: | N/A | | TEOR. | 2: (| |
| | | | Dim A |)7 | |
| New Registered Office Address: | | (Florida street address) | | | |
| | | , Florida | | | |
| • | (City | ν) | (Zip Code) | | |
| New Registered Agent's Signature, if cl I hereby accept the appointment as registe | anging Registere ered agent. I am j | ed Agent: Camiliar with and accept the obligations of t | the position. | | |
| : | | | | | |
| | Signature of New | w Registered Agent, if changing | | | |

Page 1 of 4

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)

Remove

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 John Doe X Remove Mike Jones X Add Sally Smith <u>Title</u> Address Type of Action Name (Check One) 363 Birch St. Larry N. Skidmore PD 1) ____ Change Titusville, FL 32780 __ Add Remove \mathbb{P} D Michael F. Cunningham 2495 Cherrywood Lane 2) ____ Change Titusville, FL 32780 _X__Add __ Remove 3) ____ Change ____ Add _ Remove 4) ____ Change ____ Add _ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change __ Add

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
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| N/A | | _ | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval. | ent(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors. | ere |
| Dated 9-25-14 | |
| Signature Mi- | |
| (By the chairman or vice chairman of the board, president or other officer-if direchave not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary) | |
| Michael F. Cunningham | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |