

NO 7 000009886

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000054526 3)))



H240000545263ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2024 FEB -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 FEB -9 PM 6:30

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
OUTBACK POLO FARM PROPERTY OWNERS' ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

(((H24000054526 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Outback Polo Farm Property Owners' Association, Inc.

DOCUMENT NUMBER: N07000009886

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher M. Green

(Name of Contact Person)

United States Polo Association

(Firm/ Company)

9011 Lake Worth Road

(Address)

Lake Worth, FL 33467

(City/ State and Zip Code)

chris@uspolo.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher M. Green

914

552-0625

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

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

(((H24000054526 3)))

2024 FEB - 9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(((H24000054526 3)))

Articles of Amendment
to
Articles of Incorporation
of

Outback Polo Farm Property Owners' Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000009886

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" 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)

9011 Lake Worth Road

Lake Worth, FL 33467

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9011 Lake Worth Road

Lake Worth, FL 33467

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Christopher M. Green

9011 Lake Worth Road

(Florida street address)

New Registered Office Address:

Lake Worth

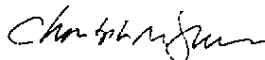
(City)

Florida 33467

(Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

2024 FEB -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(((H24000054526 3)))

(((H24000054526 3)))

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>PD</u>	<u>Mark J. Bellissimo</u>	<u>13501 South Shore Blvd.</u> <u>Suite 103</u>
<input checked="" type="checkbox"/> Remove			<u>Wellington, Florida 33414</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VTD</u>	<u>Michael Stone</u>	<u>13501 South Shore Blvd.</u> <u>Suite 103</u>
<input checked="" type="checkbox"/> Remove			<u>Wellington, Florida 33414</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>SD</u>	<u>Paul Regal</u>	<u>13501 South Shore Blvd.</u> <u>Suite 103</u>
<input checked="" type="checkbox"/> Remove			<u>Wellington, Florida 33414</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PD</u>	<u>Stewart L. Armstrong</u>	<u>9011 Lake Worth Road</u> <u>Lake Worth, Florida 33467</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VPTD</u>	<u>Charles Smith</u>	<u>9011 Lake Worth Road</u> <u>Lake Worth, Florida 33467</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>SD</u>	<u>Christopher M. Green</u>	<u>9011 Lake Worth Road</u> <u>Lake Worth, Florida 33467</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

(((H24000054526 3)))

2024 FEB - 9 AM 11:00
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL

((H24000054526 3)))

Lined area for text entry.

2024 FEB -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendmen: file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

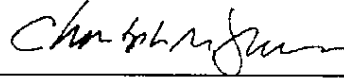
((H24000054526 3)))

(((H24000054526 3)))

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated February 5, 2024

Signature



(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)

Christopher Green

(Typed or printed name of person signing)

Secretary

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB -9 AM 11:00

FILED

(((H24000054526 3)))