

N080000004086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

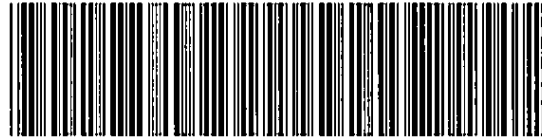
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400367181004

RECEIVED

2021 MAY 27 PM 12:45

ALLAHASSEE, FL

FILED

2021 MAY 27 AM 9:51

ALLAHASSEE, FL

Amend

MAY 28 2021  
ALBRITTON

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/27/2021

**\*\*WALK IN\*\***

ENTITY NAME The Exchange at Savannah Park Commercial Owners' Association. Inc.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

**\*\*WALK IN\*\***

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Exchange at Savannah Park Commercial Owners' Association, Inc.

DOCUMENT NUMBER: N08000004086

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

Please return all correspondence concerning this matter to the following:

Katy Moore

\_\_\_\_\_  
(Name of Contact Person)

CARTER-HASTON REAL ESTATE SERVICES, INC.

\_\_\_\_\_  
(Firm/ Company)

3301 WEST END AVENUE, SUITE 200

\_\_\_\_\_  
(Address)

NASHVILLE, TN 37203

\_\_\_\_\_  
(City/ State and Zip Code)

kmoore@carterhaston.com

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

For further information concerning this matter, please call:

Katy Moore

615

577-7922

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee

Articles of Amendment  
to  
Articles of Incorporation  
of

The Exchange at Savannah Park Commercial Owners' Association, Inc.

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

N08000004086

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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: Katy Moore

5724 Byron Anthony Place

(Florida street address)

New Registered Office Address:

Sanford

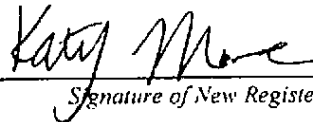
(City)

Florida 32771

(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

FILED  
2021 MAY 27 AM 9:51  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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  <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Clayton P. Williams</u>	<u>3301 West End Ave., Suite 200</u> <u>Nashville, TN 37203</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Thomas Baird III</u>	<u>3301 West End Ave., Suite 200</u> <u>Nashville, TN 37203</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>John T. Carter</u>	<u>3301 West End Ave., Suite 200</u> <u>Nashville, TN 37203</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Katy Moore</u>	<u>5724 Byron Anthony Place</u> <u>Sanford, FL 32771</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Eddie Reiner</u>	<u>5724 Byron Anthony Place</u> <u>Sanford, FL 32771</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Brian Killinger</u>	<u>5724 Byron Anthony Place</u> <u>Sanford, FL 32771</u>

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

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

N/A

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1.

- ☒ 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

5/24/27

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)

John Carter

(Typed or printed name of person signing)

Director

(Title of person signing)