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SECRETARY OF STATE DIVISION OF CORPORATIONS

EROLEIS WAY O'T MA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	DN: <u>Asəlsi V</u>	KLAS CORKUNITY	ASSOCIATION, INC
DOCUMENT NUMBER: _	N08 00	000 6803	
The enclosed Articles of Am	endment and fee a	re submitted for filing.	
Please return all corresponde	ence concerning thi	s matter to the following:	
	PAUL SIA (Name of	of Contact Person)	·
	PAUL SI	RMANS, P.A.	
	ACK BAYOU	A LOOP, SUITE .	303
For further information conc	(City/S	ACH, F 2 32 tate and Zip Code)	459
RICHARD N. OL		at (856) 865 (Area Code & Daytin	5 – 9500 ne Telephone Number)
Enclosed is a check for the for	ollowing amount n	nade payable to the Florida Do	epartment of State:
	75 Filing Fee & ificate 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 Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center (Tallahassee, FL 32301	

FILED Articles of Amendment SECRETARY OF STATE to DIVISION OF CORPORATIONS

4. M

Articles of Incorporation 09 APR 28 PM 3: 21 of

ASSISI VILLAS COMM	y filed with the Florida Dept. of	State)
NO 8 000	00 6803	
(Document Number	of Corporation (if known)	,
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp	rida Statutes, this <i>Florida Not Fo</i> r	r Profit Corporation adopts
A. If amending name, enter the new name of the	e corporation:	
THOMPSON WOODS COMM The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "C B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	nin the word "corporation" or "i Co." may not be used in the name lble:	incorporated" or the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, ed office address:	enter the name of the
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	(Florida street address)	
 .	(City)	, Florida (Zip Code)
	(Cily)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered ag position.	Registered Agent: gent. I am familiar with and ac	ecept the obligations of the

Signature of New Registered Agent, if changing

Attach ad	ing title, name, and address of ea ditional sheets, if necessary)	ch Officer and/or Director being	g added:
Allach aai	attional sneets, if necessary)		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			□ Add
			☐ Remove
			Lemove
			☐ Add
			
			
E. <u>If amer</u> (attach d	iding or adding additional Articled dditional sheets, if necessary).	es, enter change(s) here: (Be specific)	
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The date of each amendment	(s) adoption: PRIL DA 7009
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of directions	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	PRIL 24, 2009
Signature	AN Chisten
have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)