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R. WHITE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PARADISE LAKES HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT NUMBER: NO8782

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

Please return all correspondence concerning this matter to the following:

SAMUEL B. STRIBLIN

(Name of Contact Person)

(Firm/Company)

2924 PARADISE LAKES ROAD; CHIPL

(Address)

CHIPLEY, FL 32428

(City/ State and Zip Code)

Paradise lakes owners @ gmail.com

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

For further information concerning this matter, please call:

SAMUEL B. STRIBLIN at (850) 390-6240
(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:

\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

\$43.75 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Paradise Lakes Ho	mediates to AUG 28 AM 9:17 Inc
(Name of Corporation as currently filed with the	Florida Dept. of State) TARELLA SAS, FLORIDA
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	The new oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 1040 CHIPLEY, FL 32428
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Signature of N	lew 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)

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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove		Robin Striblin	2924 Paradise Lakes Ra Chipley, FL 32428
2) Change Add	_5_	Joe Mason	2850 Paradise Lakes Rd Chipley, FL 32428
Remove 3) Change Add Remove	<u></u>	Amy Daniels/MORE	2896 Paradise Lakes Rd Chipley, FL 32428
4)Y Change Add Remove	<u>p</u>	Samuel B. Striblin	2924 Paradise LakesRe Chipley, FL 32428
5) Change Add Remove			
6) Change Add Remove		7.	

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(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.	(s)
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 8/15/14	
Signature Samuel 3. Stutier	
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SAMUEL B. STRIBLIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	