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COVER LETTER

TO: Amendment Section Division of Corporations

•		
NAME OF CORPORATION: The Villas at	t Carver Park R	esident Association Inc
DOCUMENT NUMBER: N1000004	897	
The enclosed Articles of Amendment and fee are sub-	mitted for filing	
Please return all correspondence concerning this matter	er to the following:	
Harold Gustavsson		
	(Name of Contact Person	1)
	(Firm/ Company)	
854 Carver Park St., Apt		
	(Address)	
Orlando, Florida 32805		
	(City/ State and Zip Cod	e)
hgust@outlook.co		
E-mail address: (to be used For further information concerning this matter, please		notification)
Harold Gustavsson	407	385-6583 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	urtment of State;
□ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle ISSEE, FL 32301

Articles of Amendment to Articles of Incorporation of

The Villas at Carver Park Resident Association Inc

(Docume	nt Number of C	orporation (if known)		
Pursuant to the provisions of section 617.1000 amendment(s) to its Articles of Incorporation		es, this Florida Not For Profit Corporati	on adopts the fo	ollowing
A. If amending name, enter the new name	of the corpora	tion:		
n/a				The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the		ntion" or "incorporated" or the abbrevia	tion "Corp." or	· "Inc."
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		n/a)		
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OFF</u>		n/a		<u>ا</u>
			ETH THE THE THE THE THE THE THE THE THE	H-8-NO
D. If amending the registered agent and/or new registered agent and/or the new re			f the	_ss_
	/a	address:	And the second	
New Registered Office Address:		(Florida street address)		
		. Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if change thereby accept the appointment as registered.	ging Registered	I Agent:	, , ,	 -

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 A Add	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>P</u>	Harold Gustavsson	854 Carver Park St
Add			Apt 208
X Remove			Orlando FL 32805
2) Change	<u>s</u>	Beverly Albert-North	854 Carver Park St
Add			Apt 101
X Remove			Orlando FL 32805
3) Change	VP	Maria Gonzales	854 Carver Park St
Add			Apt 306
X Remove			Orlando FL 32805
4) Change	<u>P</u>	Maria Gonzales	854 Carver Park St
X Add			Apt 306
Remove			Orlando FL 32805
5)Change	<u>VP</u>	Betty Livingston	854 Carver Park St
X Add			Apt 305
Remove			Orlando FL 32805
6) Change	<u>S</u>	Louise Daniel	854 Carver Park St
X Add			Apt 109
Remove			Orlando FL 32805
		Page 2 of 4	, , , , , , , , , , , , , , , , , , , ,

E. If amending or adding additional Arti (attach addititmal sheets, if necessary).	(Be specific)
N/A	
	A
· · · · · · · · · · · · · · · · · · ·	

	e date of each amendment(s) adoption: e this document was signed.	, if other than the
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	_
Add	option 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.	
	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 November 5, 2013	
	Signature 7 Lab Day	
	(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)	_
	Harold Gustavsson	
	(Typed or printed name of person signing)	
	Registered Agent / Yes.	
	(Title of person signing)	