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SLORETARY OF STATE
FALLAHASSEE, FLORIDA

JUN 14 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PALAMAR	- OAKS Vi	HAGE	HOMEOWNERS A
DOCUMENT NUMBER:	N 1198	3		
The enclosed Articles of Amenda				
Please return all correspondence	concerning this matter to	the following:		
Rus	SSPLL BA	ame of Contact Person	on)	
	AMAR OAK			A, INC.
4.	50 JEFFE		RIVE	
	ST. CLOU.	(Address)	3476	7
	_	ity/ State and Zip Co	de)	
	DAOL. COR			
E-ma For further information concerni	l address: (to be used fo		t notification)	
DONNA C.	Aiken, LC	A M at	321-	(Daytime Telephone Number)
(Nat Enclosed is a check for the follow				
\$35 Filing Fee	Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifie	rate of Status od Copy onal Copy is
Mailing Addr	<u>ess</u>	Stree	et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PALAMAR OAKS UILLAGE HOMEO	WNERS ASSOCIATION, INC.
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N 11983	3
	mber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
NA	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	\underline{s})
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A ALASSEE
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:	ST. CLOUD Florida 34769
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	(City) (Lip Code) ed Agent: familiar with and accept the obligations of the position. Market S. B. J. III.
,	Signature of New Registered Agent, if changing

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 John SV SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change Add Remove	Pres	CArmen RichARDS	ST. CLOUD, FI. 34769
2) Change	Pres.	Russen Ban	1105 MONROE AUE. St. CLOUD, FI. 34769
Remove 3) Change Add	<u>VP</u>	Russell BAII III	1105 MONROE AUE. ST. CIOUD, FI. 34769
Remove 4) Change Add Remove	<u>vp</u>	SUSAN HARRIS	1132 MONROE AUE. St. CLOUD, Fl. 34769
5) Change Add Remove			
6) Change Add Remove			
		Dona 2 of 4	

uttach additional sheets, if necess	al Articles, en ary). (Be sp	ecific)					
							
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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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendwas/were sufficient for approval.	dment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	s/were
Dated JUNE 8, 2018	
Signature X Mall & Bell III	
(By the chairman or vice chairman of the board, president or other officer-if di- have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
RUSSELL BALL III	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	