

N 12000011843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

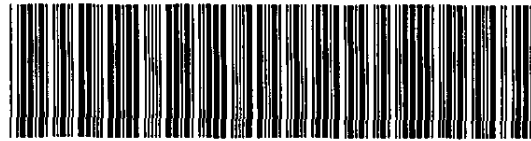
(Business Entity Name)

(Document Number)

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S. TALLENT

AUG 31 2017

Amend

FILED
17 AUG 25 PM 12:13
STATE CLERK OF STATE
JULIUS ROSSER, CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2017

GWENDOLYN EVANS
ICON MANAGEMENT SERVICES
1520 OASIS CLUB BLVD.
CHAMPIONSGATE, FL 33896

SUBJECT: COUNTRY CLUB AT CHAMPIONSGATE COMMUNITY
ASSOCIATION, INC.
Ref. Number: N12000011843

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 717A00015395

RECEIVED
17 AUG 25 PM 4: 08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

COUNTRY CLUB AT CHAMPIONSGATE COMMUNITY ASSOCIATION, INC.

NAME OF CORPORATION: _____

DOCUMENT NUMBER: N12000011843 _____

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

Please return all correspondence concerning this matter to the following:

Gwendolyn Evans

(Name of Contact Person)

Icon Management Services

(Firm/ Company)

1520 Oasis Club Blvd.

(Address)

ChampionsGate Florida 33896

(City/ State and Zip Code)

gevans@theiconteam.com

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

For further information concerning this matter, please call:

Gwendolyn Evans

757

641-9524

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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate 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 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

COUNTRY CLUB AT CHAMPIONSGATE COMMUNITY ASSOCIATION, INC.

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

N12000011843

(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:

_____ *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:
(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE FLORIDA

C. Enter new mailing address, if applicable:
(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: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (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

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	<u>VPD</u>	<u>Lunko, Don</u>	<u>6750 Forum Drive, Suite 310</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>STD</u>	<u>Catanzarti, Joe</u>	<u>6750 Forum Drive, Suite 310</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VPD</u>	<u>Bundy, Michael</u>	<u>6750 Forum Drive, Suite 310</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>STD</u>	<u>McAvoy, Daniel</u>	<u>6750 Forum Drive, Suite 310</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32821</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 07/11/2017 _____

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)

Michelle Barr

(Typed or printed name of person signing)

PD

(Title of person signing)