113000001972

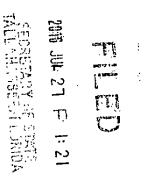
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COVER LETTER

TO: Amendment Section Division of Corporations

Grant Lak	ke Sanctuary HOA, Inc.
DOCUMENT NUMBER:	2
The enclosed Articles of Amendment and f	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Tracy Cornish	
	(Name of Contact Person)
	(Firm/ Company)
PO Box 95	`
11000	(Address)
Grant FL 32949-0095	
· · · · · · · · · · · · · · · · · · ·	(City/ State and Zip Code)
glshoa.president@gmail.com	
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat	tter, please call:
(Name of Cont	tact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate	ing Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee }\Bigcup \Bigcup \Bi
Mailing Address	Street 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

Grant Lake Sanctuary HOA Inc		
(Name of Corporation N13000001972	as curre	ently filed with the Florida Dept. of State)
	nent Num	nber of Corporation (if known)
		ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corpora	ation:
		The ne
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		vation" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:		2038 Birdland Place
(Principal office address MUST BE A STREET A		∑) Grant FL 32949
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 95
		Grant FL 32949-0095
D. If amending the registered agent and/or regis		
new registered agent and/or the new registered office		
Name of New Registered Agent:	2038 Bir	rdland PI
	(Florida street address)	
<u>New Registered Office Address:</u>	C1	22040
	Grant	, Florida 32949
		(City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		d Agent: familiar with and accept the obligations of the position.
	Su	au Opinest
_		Signature of New 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	<u>V</u> <u>M</u> i	nn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Charles Genoni	4760 N US Hwy 1 #201
Add			Melbourne FL 32935
X Remove			
2) Change	D	John M Genoni	4760 N US Hwy 1 #201
Add			Melbourne FL 32935
X Remove			
3) Change	D	John P Genoni	4760 N US Hwy 1 #201
Add			Melbourne FL 32935
X Remove			
4) Change	Р	Tracy Cornish	2038 Birdland Pl
X Add			Grant FL 32949
Remove			
5) Change	<u>V</u>	Christine Hein	2025 Safe Haven St
X Add			Grant FL 32949
Remove			
6) Change	S	Robert Egan	2015 Safe Haven St
X Add	, - · · · · · · · · · · · · · · · · · · 		Grant FL 32949
Remove			

attach additional sheets, if necessary).	(Be specific)
<u>.</u>	
,	
· · · · · · · · · · · · · · · · · · ·	

· ·	6-1-16	
The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.		— ′
6-1-1	16	
Effective date <u>if applicable</u> :	U	
	(no more than 90 days after amendment file date)	
	ck does not meet the applicable statutory filing requirements, this date will not l	he listed as the
locument's effective date on the Dep	partment of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb adopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was/were ars.	
Dated 71221.	Love	
Signature &	y Count h	
	man br vice chairman of the board, president or other officer-if directors	_
	ensalected, by an incorporator – if in the hands of a receiver, trustee, or	
	appointed fiduciary by that fiduciary)	
other court a	ppointed fiductary by that fiductary)	
Tracy Co	rnish	
	(Typed or printed name of person signing)	
	(1) ped or printed name or person signing)	
President		
	(Title of person signing)	