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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section
Division of Corporations

BAYMEADOWS NAME OF CORPORATION:	LAKES COMMUNITY A	SSOCIATON, INC.	
N13000002052			
DOCUMENT NUMBER:	····		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Colby Mentgom	ery		
	(Name of Contact Perso	n)	
	//// (Firm/ Company)		
	(Firm/ Company)		
3485 Tabithy Ct	(Address)		
Melbourne FL 32	2934		
	(City/ State and Zip Cod	le)	
Melbourne FL 32 bm/hoa17@gmax E-mail address: to be use	iil.com		
E-mail address (to be use	ed for future annual report	notification)	
For further information concerning this matter, pleas			
Colby Montgomery (Name of Contact Perso	at	972 - 632-6026	•
/ (Name of Contact Perso	n) (A	rea Code) (Daytime Telephone Numb	er)
Enclosed is a check for the following amount made p		artment of State:	
\$35 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	Street	Address	

<u>Mailing Address</u>

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

<u>Street Address</u>

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
N13000002052	
	er of Corporation (if known)
(Document Number	or corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	NA BY The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	Melbourne FL 329 3
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	melbourne FL 329 34
	2 d
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent: CO	by Mentgomery
Name of New Registered Agent: <u>CO</u>	85 tabitha ct.
	(Florida street address)
New Registered Office Address:	W 0.24
[Me]	boune Florida 32934 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
	2 Ment
Si	gnature 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	PT John E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>D</u>	COY A CLARK	330 N BABCOCK ST.
Adđ			SUITE 103
X Remove			MELBOURNE, FL 32935
2) Change	DP	MICHAEL E. MAGUIRE	330 N BABCOCK ST
Add			SUITE 103
X Remove			MELBOURNE, FL 32935
3) Change	DST	KATHI SHOTWELL	330 N BABCOCK ST
Add			SUITE 103
X Remove			MELBOURNE, FL 32935
4) Change	DTS	Colby Montgomery	3485 tabithact.
X Add			3985 tabithact. Melborne FL, 32934
Remove			
5) Change	DTS	James Shanks	3455 Tabitha Ct.
X Add			Molbourne, FL 32934
Remove		,	
6) Change	DT5	Mark Rathgeb	3415 Tabitha Ct Helburne PL 32934
X Add		,	Helpurne PL 32934
Remove			

E. If amending or adding ad	ditional Articles, ent	er change(s) here:			
(attach additional sheets, if					
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Γhe	e date of each amendment(s) adoption:	, if other than the
late	this document was signed.	
effe	APRIL 13, 2017 ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Ado	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 APRIL 13, 2017	
	Signature CR Mens	
	(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)	
	Celly R Mentgomeny (Typed or printed name of person signing)	
	Director, Treasurer, Secretary (Title of person signing)	