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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: TRIAO PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

: (770)777-2091

Phone Fax Number

: (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN PEARL LAKE ESTATES COMMUNITY ASSOCIATION, INC.

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11/13/2013

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: PEARL LAKE ESTATE	S COMMUNITY ASSOCIATION, INC.
DOCUMENT NUMBER: N1300004869	
The enclosed Articles of Amendment and fee are submitted for f	lling.
Please return all correspondence concerning this matter to the fol	lowing:
Sharon K. Gray	
(Name of	Contact Person)
Triad Professional Services, I	LC
(Firm	Company)
1720 Windward Concourse, S	Ste. 390
(A)	ddress)
Alpharetta, GA 30005	
(City/ State	and Zip Code)
jbaden@triadpros.com	
E-mail address: (to be used for future a For further information concerning this matter, please call:	annual report notification)
	770 777 0004
Sharon K. Gray	770 777-2091 (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 卷 ☐ \$43.75 F Certificate of Status Certified (Addition enclosed	Copy Certificate of Status nal copy is Certified Copy
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 Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PEARL LAKE ESTATES	S COMMUNITY ASSOCIATION	ON, IN	C.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)			
N13000004869				
(Doc	nument Number of Corporation (if known)			
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate	1006, Florida Statutes, this <i>Florida Not For Proj</i> tion:	It Carpor	ation adopts the followin	£
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and contair	n the word "corporation" or "incorporated" or t	he abbrev	The new	,
"Company" or "Co." may not be used in	the name,			
B. Enter new principal office address, i (Principal office address <u>MUST BE A.S.</u>			 	
				
				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	enble: DEFICE ROXI			<u></u>
<u></u>			, k	13 NOV
			,	3
	·		Algo 2015 Algo amedi	
 If amending the registered agent and new registered agent and/or the new 	d/or registered office address in Florida, enter y registered of fice address:	the name	of the	
Name of New Registered Agent:			் பார் முற்றி உண் செரும் பார்	-∑. - -
name of her necesiered regall;	7 Wy		1945 - 1945 1946 - 1946 1946 - 1946 1946 - 1946	
	(Florida street address)		A.	
New Registered Office Address:				
	(Clty)	Florida _		
			(ZIp Code)	
New Registered Agent's Signature, if ch hereby accept the appointment as registe	unging Registered Ayent: tred agent. I am familiar with and accept the ob	ilgations d	of the position.	
	Signature of New Registered Agent, if changing	7		

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.

XChange X Remove X Add	<u>∨ Mi</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P/D	Michael Liquori	151 Southhall Lane
Add			Suite 200
XX Remove			Maitland, FL 32751
2) Change	P/D	Shelley S. Kaercher	151 Southhall Lane
XX Add			Suite 200
Remove			Maitland, FL 32751
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change		*	
Add			
Remove			
5) Change			****
Add			
Remove		Poge 2 of 4	

E. If amending or adding additional Articular (utlach additional sheets, if necessary).	(Be specific)
	v - v - v - v - v - v - v - v - v - v -
•	
3247	
<u></u>	

Page 3 of 4

The	date of each smeadment(s) adoption: 11/08/2013 this document was signed.	, if other than the
	crive date if applicable:	_
	(no more than 90 days after amendment file date)	
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 11/12/2013	
	Signature Shelley 5 Kaucher	
	(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)	
	Shelley S. Kaercher	
	(Typed or printed name of person signing)	
	Director and President	
	(Title of person signing)	