N13000005288

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PROPERTY OWNERS' A	SSOCIATION	I, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
Tonya Gideon			
	(Name of Contact Pe	erson)	
Service Partners Informaton Co.			
	(Firm/ Company	′)	
524 S. 2nd St., Suite 505			
· · · · · · · · · · · · · · · · · · ·	(Address)	* · <u></u> -	
Springfield, IL 62701			
	(City/ State and Zip (Code)	
tgideon@spinationwide.com			
E-mail address: (to b	e used for future annual rep	ort notification	n)
For further information concerning this matter,	please call:		
Tonya Gideon	at	217	501-4283
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing & Certificate of S	ree & S43.75 Filing Fee tanus Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	An Div Cli 266	eet Address nendment Sect vision of Corpe fton Building 61 Executive C lahassee, FL 3	Center Circle

Articles of Amendment to Articles of Incorporation of

HILLSBORO PROPERTY OWNERS' ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N13000005288 (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; 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) 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: Universal Registered Agents, Inc. Name of New Registered Agent: 1317 California Street (Florida street address) New Registered Office Address: Tallahassee 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.

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 J V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)			
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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 didocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	nent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/was/was/was/was/was/was/was/was/was/	· /ere
Dated 2/7/2019	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator — if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	