N13000006735

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SECRETARY UF STATE
ALLAHASSEF FIRME

C. LEWIS AUG 1 3 2013 EXAMINER

COVER LETTER

Division of Corporations MEMORIAL PARK HOMEOWNERS ASSOCIATION, INC. NAME OF CORPORATION: N13000006735 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMAS WARD (Name of Contact Person) MEMORIAL PARK HOMEOWNERS ASSOCIATION, INC. (Firm/ Company) 925 SOUTH B STREET (Address) LAKE WORTH, FL. 33460 (City/ State and Zip Code) jamas@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAMAS WARD (Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

Certified Copy

enclosed)

(Additional copy is

■ \$35 Filing Fee ■\$43.75 Filing Fee & ■\$43.75 Filing Fee &

Certificate of Status

Mailing Address

TO: Amendment Section

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

□\$52.50 Filing Fee

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Articles of Amendment to

FILED **Articles of Incorporation**

MEMORIAL PARK HOMEOWNERS ASSOCIATION, INC. SECTION 13 AUG - 8 PM 1: 35

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

N13000006735

(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:

N/A				The n
name must be distinguishable and contain "Company" or "Co." may not be used in		oration" or "incorporated"	or the abbreviation "Corp." o	r "Inc
B. Enter new principal office address, if applicable		N/A		
(Principal office address <u>MUST BE A STREET</u>)	REET ADDRES	N/A		
		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
		N/A		
		N/A		
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:			nter the name of the	
	N/A		-	
New Registered Office Address:		(Florida street address)		
	N/A		, Florida N/A	
	(Ci	(ty)	(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			he obligations of the position.	
	Signature of N	ew Registered Agent, if cha	nging	

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>PT</u> <u>Joh</u> <u>V</u> <u>Mi</u> l	n Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	HUNTER, ADRAIN A	1002 SOUTH B STREET
Add			LAKE WORTH, FL. 33460
X Remove			
2) Change	VP	HUNTER, BARBARA P	1002 SOUTH B STREET
X			LAKE WORTH, FL. 33460
Remove			
3) Change			
Add			
Remove			
		· .	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	

	e date of each amendment(s) add	option: N/A	, if other than the
	this document was signed. N/A	L.	FILED
		(no more than 90 days after amendi	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	SECRETARY UF STATE TALLAHASSEE, FLORIDA
	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of .	
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s).	The amendment(s) was/were
	Dated AUGUS	ST 5, 2013	
	Signature // Own	is wark	
	have not been	nan or vice chairman of the board, president selected, by an incorporator — if in the happointed fiduciary by that fiduciary)	
	JAMAS WA	ARD .	
	(Typed or printed name of person signing)
	PRESIDEN	IT	
		(Title of person signing)	