N14000009995

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IALIZATION

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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Sand Hill Cove Hor NAME OF CORPORATION:	neowners Association	, Inc.	
N1400009985			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Christopher W. Mahnken			
	(Name of Contact Pe	erson)	
	(Firm/ Company	·)	
722 Commerce Circle			
	(Address)		
Longwood, FL 32750			
	(City/ State and Zip	Code)	
DRVLASA@gmail.com E-mail address: (to be use	d for future annual re	nort notificatio	n)
For further information concerning this matter, pleas			·,
Christopher W. Mahnken	at	407	260-9930
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations	Ar	reet Address nendment Sect vision of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of



Sand Hill Cove Homeowners Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N14000009985 (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. 558 Crane Hill Cove B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Lake Mary, FL 32746 C. Enter new mailing address, if applicable: 558 Crane Hill Cove (Mailing address MAY BE A POST OFFICE BOX) Lake Mary, FL 32746 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: Victor Lasa Cortes Name of New Registered Agent: 558 Crane Hill Cove (Florida street address) New Registered Office Address: Lake Mary (City) New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am lamilful sith and accept the obligations of the position

ignature of Yest Registered Agent, it changing

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.

Type of Action (Check One) Title Name Address Change D Christopher W. Mahnken 722 Commerce Circle Lonewood, FL 32750 ** Remove Change D Victor Lasa Cortes 558 Crane Hill Cove Lake Mary, FL 32746 Remove Add Remove Change D Keith Lemieux Winter Springs, FL 32719 ** Add Remove Change D Chris Zak 555 Crane Hill Cove Lake Mary, FL 32746 Remove Change D Chris Zak 555 Crane Hill Cove Lake Mary, FL 32746 Remove Change Add Remove Change Add Remove Change Add Remove F. Change Add Remove Change Add Remove	Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Add		<u>Title</u>	Name	<u>Addres</u> s
2)Change D		<u>D</u>	Christopher W. Mahnken	
Remove P.O. Box 195815 Change D Keith Lemieux Winter Springs, FL 32719 X Add Remove Change D Chris Zak 555 Crane Hill Cove Lake Mary, FL 32746 Remove Change Add Remove Change Add Remove Change Add Remove	x Remove			
3) Change D Keith Lemieux Winter Springs, FL 32719 ** Add Remove 4) Change D Chris Zak 555 Crane Hill Cove Lake Mary, FL 32746	2) Change	D	Victor Lasa Cortes	
X Add Lake Mary, FL 32746	3) Change Add	<u>D</u>	Keith Lemieux	
5) Change	4) Change _x Add	D	Chris Zak	
5) Change	Remove			
Change	5) Change			
Change	Remove			
E. If amending or adding additional Articles, enter change(s) here:	6) Change			
	Remove			
			*	
	-			
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was/were sufficient for approval.

Dated	August 25, 2020
Signat	(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)
	Christopher W. Mahnken
	Christopher W. Mahnken (Typed or printed name of person signing)