

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Casilless Limity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700333268217

08/27/19--01002--003 ++35.00

SEURETARY OF STAIL ALL ALLASSEE FEBRUARE

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>CENTRE CA</u>	irt Homea	uners Association	Inc
			<del></del>
DOCUMENT NUMBER:	0006980		
The enclosed Articles of Amendment and fee are submitted	ed for filing.		
Please return all correspondence concerning this matter to	the following:		
Tommie Owen			
	ame of Contact Person	<u> </u>	
. (:N3	ane of Contact Ferson	,	
			<u>-</u>
2126 Kinsley Ln			
	(Address)		
2126 Kinsley Ln Tallahassee, FL	32308		
(Ci	ty/ State and Zip Code	:)	
Centre Court tally he E-mail address: (to be used to	a @ gmo	il. com	
E-mail address: (to be used for	r tuture annuai report i	iourication)	
For further information concerning this matter, please cal			- 1
Tammie Owen	21	850-264-572	' /
(Name of Contact Person)	(Aı	ea Code) (Daytime Telephone Num	iber)
Enclosed is a check for the following amount made payal	ole to the Florida Depa	artment of State:	
S35 Filing Fee □S43.75 Filing Fee & □		□\$52.50 Filing Fee	
Certificate of Status	Certified Copy  (Additional copy is	Certificate of Status Certified Copy	
·	enclosed)	(Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations		lment Section on of Corporations	
P.O. Box 6327		Building	

Tallahassee, Fl. 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation of

Centre Court Homeowners As	Excitation Time.
(Name of Corporation as currently filed with the Florida De	
N 1500000 6980	·
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Prof</i> ormendment(s) to its Articles of Incorporation:	it Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or to "Company" or "Co." may not be used in the name.	he abbreviation "Corp." or "Inc."
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, enternew registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent:	
(Florida s	treet address)
New Registered Office Address:	,
	. Florida
(City)  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the of	(Zip Count). The possibility of
	A D
Signature of New Registered .	Agent, if 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.

in the bonnes, and the					
Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John De V Mike Jo SV Sally Sr	<u>ones</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	Treasurer	Barry F.	Rose	2134 Fall brooke C- Tallahassee, FL 32:	t . St
Add Remove				IU/IU/USSEP, H SAS	20
2) Change	Secretary from	zirer Coll	een beaner	- 2147 Fall Drooke Tallahassee, Fl 3	( 32.
Add	·				
3) Change					
Add					
4) Change	<del></del>				
Aḍd Remove					
5/ Change					
Add					
Remove					
6) Change			<del></del> _		
Add Remove					

E. If amending or adding additional Artic (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)			
		,·-		
			·=·	
	·			
		·	<u>-</u>	
				<del></del>
	<del></del>	<u>~</u>		
·	·			
		.1.	. <del></del>	<del></del>
			··················	
,				
	·			
				<del></del>

8h/19	
The date of each amendment(s) adoption: Office (1) late this document was signed.	, if other than the
0/26/1a	
Effective date if applicable: O CO [1]  (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 date will not be document's effective date on the Department of State's records.	: 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(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 8 216 19	
Signature Amnie S. Dwer	-
(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)	
Jomnie L. Owen	
(Typed or printed name of person signing)	
President	
(Title of person signing)	