N15660667531

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(A	ddress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

1,

NAME OF CORPORATION: Haiden Oaks Homedwhers Association, INC.
DOCUMENT NUMBER: N 15000007531
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steve Hogg (Name of Contact Person)
Vintage Estate Homes (Firm/Company)
175 Hampton Pointe Drive, Suite 2
St. Augustine, Florida 32092 (City/ State and Zip Code)
SNOGG WENDINGS. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve HOAA at 904 - 296 - 0100 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Haiden Oaks Homen	oners Association Inc
(Name of Cornoration as current	ly filed with the Florida Dept. of State)
N1500000753	
(Document Number	or of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, onter the new name of the corporati	<u>011:</u>
NIA	The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp," or "inc."
B. <u>Enter now principal office address, if amplicables</u> (Principal office address <u>MUST BE A STRBET ADDRESS</u>)	780 S. Applio Blva
	Suite 100
	Melbourne, FL 32901
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	790 S. Apollo Blvd
	suite 100
	Melbourne, FL 32901
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ddress;
Name of New Registered Agent: C	ith Buescher
<u> 190</u>	S. Apollo BIVA, Suite 100 (Florida street address)
Naw Registered Office Address:	
_\\\C	(Cloy) (Zlp Code)
Now Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Kaik	Buch
S	ignature of New Registered Agent, if changing
	HAN AUG

Page 1 of 4

FILEU

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 Y Mike SV Sally	Jones .	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	P	Curtis L. Hart	SOCI Tava Lane Jacksonville, Fr 37216
2) Change Add Remove	VP	Lawrence V. Answach	er 5150 Belfort Pdl Suite 100 Jacksmville, Fr 372510
3) Change Add Remove	P_	Keith Buescher	780 S. Apollo Band Suite 100 Mcloourne, Fi 32901
4) Change Add Remove	<u>T</u>	isteve Hogg	175 Hampton Pointe DR Suite 2 St. Augustine, Fl 32092
5) Change Add Remove	<u>VP</u>	Linda Swain	780 S. Apollo Blvd Suite 100 Melbourne, Fl 32901
6) Change Add Remove	·	Pago 2 of 4	

nonding or adding addition In additional sheets, If neces	ssary). (Be specific	y			
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The date of each amendment(s) adoption:	, if other than t
Effective date if applicable: 8/11/17 (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 no document's effective date on the Department of State's records.	t 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(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.	
Signature Start	
(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)	
CURTIS he HANT	
(Typed or printed name of person signing)	
MeAWAGRA PREGIDENT (Title of person signing)	