## N15000011079

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## COVERALETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	ON:	K Property Owners Assoc	ciation, inc	•
DOCUMENT NUMBER:	N15000011079			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Charles Mann				
		(Name of Contact Perso	n)	
Pavese Law Firm				
	***************************************	(Firm/ Company)		,
1833 Hendry Street				
		(Address)	·····	
Fort Myers, FL 33901				
		(City/ State and Zip Cod	le)	
charlesmann@paveselaw.co	om			
E	-mail address: (to be used	for future annual report	notification	1)
For further information cond	erning this matter, please	call:		
Charles Mann		23 at	9-336-6242	1
	(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	ayable to the Florida Depa	artment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing A	Address		Address	·a

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Treeline Airport Park Property Owners Assocaiton, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N15000011079 (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: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: Name of New Registered Agent: (Florida street address) New Registered Office Address: (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.

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.

Example: X_Change X_Remove X_Add	<u>PT</u> V SV	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title		Name	Address
1) Change	D	_	Steve Ostermann	32 South Osprey Ave, Suite 102
X Add				Sarasota, FL 34236
Remove				
2) Change		_		
Add				
Remove				
3) Change	-	-		<u>.</u>
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		<b>-</b>		
Remove				
6) Change		-	·	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
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	date of each amendment		, if other than the
date	this document was signed		
Effe	ective date <u>if applicable</u> :	February 8, 2016	
		(no more than 90 days after amendment file date)	
		nis block does not meet the applicable statutory filing requirements, this date will no he Department of State's records.	t be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	2/11/2016	
	Signature		
	have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Ke	vin R. Jones	
		(Typed or printed name of person signing)	
	Pre	sident	
	_	(Title of person signing)	