## N15000011296

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## COVER LETTER

TO: Amendment Section Division of Corporations	28/1
NAME OF CORPORATION: CAPE CROSSING Townhous AS	sociation, Inc.
DOCUMENT NUMBER: N15000011296	ָּנַ
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Horton Johnson (Name of Contact Person)	
Homemakers Real Estate, LCC (Firm/ Company)	·
522 S. Hunt Club Blud, #22	8
Apopka, FL 32703 (City/ State and Zip Code)	
into e sherwood construction ret E-mail address: (to be used for future annual report notifical	i <del>ion)</del>
For further information concerning this matter, please call:	
Horton Johnson at 40 (Area Cod	7 - 492-4948 (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department	of State:
Certificate of Status — Certified Copy — Ce (Additional copy is — Ce enclosed) — (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Buildir Fallahassee, FL 32314 Clifton Buildir Fallahassee, F	ection orporations og e Center Circle

## Articles of Amendment to Articles of Incorporation

Articles	of Incorporation Q
Cape Chossing Tambones Hone (Name of Corporation as curren	
1/15/2000/11/296	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
NIA	The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name	ion" or "incorporated" or the abbreviation "Carp " or "Inc
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	201 Tropy Coral Lane
<u> </u>	Meeritt Island, FL 32953
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 540337
	Merritt Island, FC 32954
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	
Name of New <u>Registered</u> Agent	<u>/ A</u>
New Registered Office Address:	(I lorda street address)
	(City) (Zip Code)
	gnature of New Registered Agent, it changing
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent. I am fair	Merrit Island, FC 32954  the address in Florida, enter the name of the address:  // A  (Horida street address)  (City) (Zip Code)  Agent:

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 = Frustee; 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, Freasurer, 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>V</u> <u>Mil</u>	<u>n Doc</u> se Jones l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VO	Hoston S Johnson	522 S. Hunt Club Blul, #25 Apopta, FL 32703
2) Change Add	<del></del>	N   A	
Remove  Change  Add		NA.	
Remove 4) Change Add		N/A	
		N/A	
Remove 6) Change		NA	
Add Remove			

E. If amending or adding a (attach additional sheets, i	dditional Articles f necessary) = (B	, enter change(s) he	<u>ere</u> :		
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this fartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The unrendment(s) was/were add was were sufficient for approval	opted by the members and the number of votes east for the amene	lment(s)
☐ There are no members or members adopted by the board of director ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ers entitled to vote on the amendment(s). The amendment(s) was $\frac{1}{2}$	/were
Signature		
have not bee	nan or vice chairman of the board, president or other officer-if di n selected, by an incorporator - if in the hands of a receiver, trust ppointed (iduciary by that fiduciary)	
<u> M</u>	(Typed or printed name of person signing)	
	President / Director (Title of nerson signing)	