116000001783

| (Red | questor's Name) | |
|---------------------------|-------------------|-----------|
| | | |
| (Add | dress) | |
| | | |
| (Add | dress) | · |
| | | |
| (City | //State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bus | siness Entity Nam | ne) |
| | | , |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to f | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600291070536

10/14/16--01015--028 **35.00

2915 0C) 14 P 4: 20



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ER GLEN COMMUNITY | ASSOCIATIO | N, INC. | | |
|---|---|---------------------|--------------------|--|---------|
| N1600000 | | | | | |
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of Amendment | and fee are submitted for fil | ing. | | | |
| Please return all correspondence conce | rning this matter to the foll | owing: | | | |
| DENISE ABERCROMBIE | | | | | |
| | (Name of C | Contact Person) | | | , |
| HIGHLAND COMMUNITY MANAG | GEMENT | | | | |
| | (Firm/ | Company) | | | |
| 3020 S. FLORIDA AVE., SUITE 305 | | | | | |
| | (Ac | idress) | | | |
| LAKELAND, FL 33803 | | | | | |
| | (City/ State | and Zip Code) | | | |
| INFO@HCMANAGEMENT.ORG | | | | | |
| E-mail addr | ess: (to be used for future a | nnual report no | tification |) | |
| For further information concerning this | matter, please call: | | | | |
| DENISE ABERCROMBIE | | 863 at | | 940-2863 | |
| (Name of | Contact Person) | | (Code) | (Daytime Telephone N | lumber) |
| Enclosed is a check for the following a | mount made payable to the | Florida Depart | ment of S | state: | |
| | 5 Filing Fee & \$\sum \\$43.75 F cate of Status Certified (Addition enclosed | Copy nal copy is | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) | |
| Mailing Address | | Street A | ddress | | |

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 Articles of Incorporation of

FLED

AMBER GLEN COMMUNITY ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. (State) N16000001783 (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. 3020 S. FLORIDA AVE., SUITE 305 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LAKELAND, FL 33803 C. Enter new mailing address, if applicable: 3020 S. FLORIDA AVE., SUITE 305 (Mailing address MAY BE A POST OFFICE BOX) LAKELAND, FL 33803 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: D. JOEL ADAMS Name of New Registered Agent: 3020 S FLORIDA AVE., SUITE 305 (Florida street address) New Registered Office Address: LAKELAND (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>V</u> <u>Mi</u> | nn Doe ke Jones ly Smith | |
|----------------------------------|--------------------|--------------------------------|---------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | PD | D. Joel Adams | 3020 S. Florida Ave., Suite 101 |
| Add | | | Lakeland, FL 33803 |
| Remove | | | |
| 2) X Change | <u>VD</u> | Robert J. Adams | 3020 S. Florida Ave., Suite 101 |
| Add | | | Lakeland, FL 33803 |
| Remove | | | |
| 3) Change | D | JACOB EGAN | 5447 E. Beaumont Center Blvd |
| Add | | | Tampa, FL 33634 |
| X Remove | | | |
| 4) X Change | ST | Brian Walsh | 3020 S. Florida Ave., Suite 101 |
| Add | | | Lakeland, FL 33803 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| - | | | |
| Add | | | |
| Kemove | | | |

| <mark>Íf ámending or adding additional Art</mark> attach additional sheets, if necessary). | (Be specific) | | |
|---|---------------|-------------|--|
| • | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | .,, | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| . | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **** | | | |
| <u> </u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| • | | | |
| | | | |

| ٠ | _ | 9/16/2016 | |
|--------------|--|--|---------------------|
| The | date of each amen | dment(s) adoption: | , if other than the |
| date | this document was | signed. | |
| | • | 9/16/2016 | |
| Effe | ctive date <u>if applic</u> | | |
| | | (no more than 90 days after amendment file date) | |
| Note docu | e: If the date inserte iment's effective da | ed in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. | ot be listed as the |
| Ado | ption of Amendme | ent(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were sufficient | was/were adopted by the members and the number of votes cast for the amendment(s) it for approval. | |
| | There are no membadopted by the box | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors. | |
| | Dated | 9/29/16 | |
| | Signature | | |
| | | (By the charman 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) | |
| | | D. Joel Adams | |
| | | (Typed or printed name of person signing) | |
| | | (-)P P P | |
| | | President | |
| | | (Title of person signing) | |