N1600000708Z

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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Palmer Place Association Inc. NIL DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) WCINCO MONT. OF CI E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Hoeccrombie (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: **3** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

talmer Mace Townhomes	Association Inc.
(Name of Corporation as currently filed with the Florid	da Dept. of State)
N16000007082	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statement (s) to its Articles of Incorporation:	stutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
AVM	Thousand
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	The new oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	$\frac{SS}{SS}$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the e address:
Name of New Registered Agent:	NA
New Registered Office Address:	(Florida street address)
	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PD	Adams, David Joel	3000 S. Florick Ave Suite 101
X Remove			Laxeland, FL 33803
2) Change Add	7P	Walsh, Brian	3030 S.Florida Ave Scite 101
Remove 3) Change AddX Remove	<u>T,2</u>	Andrade, withon J	Lakeland, FL 33803 3020 S. Findala Auc. Scite 101 Lakeland, FL 33803
4) Change Add	PD	Jennifer Lassen	3020 S.Fivida Ave Suite 305
Remove			Laxerand, FI 33803
5) Change Add	ND	Carlos Santos	3020 S.Florida Aue Suite 305
Remove			Laverend, FC 33503
6) Change Add	<u>5D</u>	Cynthia Douglas	3020 S. Florida Aug. Soite 305
Remove			Laveland, FL 33803
E. If amending or addi (attach additional she		icles, enter change(s) here:	
(minum anamoma ana	eis, y necessary).	The specific	
			

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:

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Example: X Change X Remove X Add	PT John D V Mike Je SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
7) Change Add	ID	Heather Tipton	3020 S. Florida Aug Swife 305
Remove			Laxeland, FL 35803
8) Change Add	\mathcal{L}	Amanda Comparetto	3000 S. Florida Ave Sijik 305
Remove Change X Add Remove		Colleen Edel	Lakeland FL 33803 3030 S. Florida Auc Svile 305 Lakeland FL 33803
Change Add	<u>D</u>	Laurie Lathere	3080 S.Fwida Aug Suite 305
Remove			Laveland, FL 33803
(v) Change			
Remove			
Change Add			
Remove			
E. If amending or add (attach additional sh	ling additional Ai eets, if necessary).	rticles, enter change(s) here: (Be specific)	
			

	
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$\mathcal{O}_{11} = 20 \times 20$	
The date of each amendment(s) adoption:	he
Effective date if applicable:	
(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 listed as the document's effective date on the Department of State's records.	
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 (By the charman or vice chairman of the board, president or other officer-if directors have not been selected by ah incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tenrifer S. Lassen (Typed or printed name of person signing)
HOX Fresident (Title of person signing)
(This at passer algums)