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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DEC 13, 2016 C LEWIS

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	Dreshild 1	adings	Honeou	unecs'	Association	INC.
DOCUMENT NUMBER:	_	•		· . <u> </u>		
The enclosed Articles of Am	endment and fee are sub	mitted for fil	ling.			
Please return all corresponde	ence concerning this mat	ter to the foll	owing:			
	JESSE	Kussac	K			
		(Name of C	Contact Person)		
Drerf	IELO LANDINO	45 140 (Firm/	M Ecw Ne Company)	RS' A	ssociation	INC.
270	NE 42 Ca	: RT				
		(Ad	ddress)			
OAKL	AND PARY	FL 7	3333 4			
	AND PARK,	(City/ State	and Zip Code)	· · · · · ·	· · · · · · · · · · · · · · · · · · ·
	JESSE KUS	sack @	Hem	Aic.	can	
E	-mail address: (to be use	d for future a	innual report n	otification)	
For further information conc	erning this matter, please	e call:				
Jesse	Kussack (Name of Contact Person		at_8_	5c	766 1	11.1
	(Name of Contact Person	n)	(Arc	a Code)	(Daytime Telepho	one Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the	Florida Depar	rtment of S	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified	Copy al copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
<u>Majling A</u>	.ddress		Street A	Address		

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



	v.	
DEERGIELD LANDI	NG HOMEOUNERS	ASSOCIATION INC
	as currently filed with the Florida	
N160	644449245	
	ent Number of Corporation (if know	wn)
		·
ursuant to the provisions of section 617.1006, Floring nendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For F	rofit Corporation adopts the following
If amending name, enter the new name of the	corporation:	
		en.
me must be distinguishable and contain the word	"animaration" or "incomparated"	The new
ime must be distinguishable and contain the word Company" or "Co." may not be used in the name		or the appreviation Corp. or the.
	_	
 Enter new principal office address, if applicate Principal office address <u>MUST BE A STREET All</u> 		
The part of the same of the sa	<u>/P/LSG</u> /	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	
•		
. If amending the registered agent and/or regis	tered office address in Florida, er	iter the name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent:		
		da street address)
New Registered Office Address:	12 1007 11	and the contained duty
		Marida
	(City)	, Florida (Zip Code)
	, ,,	(
ew Registered Agent's Signature, if changing R		a abligations of theiti
hereby accept the appointment as registered agent	. 1 am jamiliar with ana accept th	e onigations of the position.
-	Cimatum of Nav. Design	ad danse if changing
	Signature of New Register	ea ngeni, ij cnanging

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.

Evernales				•	
Example: X_Change X_Remove X_Add	<u>V</u> <u>M</u>	ohn Doe like Iones ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	please and	Address	
1) Add Remove	D	JESSE B (Not le	BAIR gel nome) correct nome	P.a. Bay 51229 Lighthouse Paint FL	· 33e74
2) Change Add	<u>D</u> _	<u>JESSE</u> (Legal	Kussack I none)	P.C. Box 51229 Lighthouse Paint FL	
Remove 3) Change Add		<u></u>			
Add Remove					
5) Change Add Remove					
6) Change Add`					
Remove					

f amending or adding additional Artitach additional sheets, if necessary).	(Be specific)	
_		
		,

The	date of each amendment(s) adop	tion:	if other than the
date	this document was signed.		JECRETARY OF STATE OF STATES
Eff	ective date <u>if applicable</u> :	·	
	<u> </u>	(no more than 90 days after amendment file date)	2016 DEC -9 PM 12: 52
	te: If the date inserted in this block ument's effective date on the Depart	does not meet the applicable statutory filing requirements, tment of State's records:	this date will not be listed as the
Ade	option of Amendment(s)	(CHECK ONE)	
ĸ	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the an	nendment(s)
	There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s). The amendment(s)	was/were
	Dated i3	-5-16/	
	Signature		
	` •	n or vice chairman of the board, president or other officer-	
		selected, by an incorporator - if in the hands of a receiver,	trust ce , or
	other court App	pointed fiduciary by that fiduciary)	
		JESSE KUSSACK	
		(Typed or printed name of person signing)	
		Director	
		(Title of person signing)	