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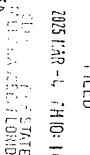
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	HOMEOWNERS' ASSO	CIATION, I	NC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Alejandra Gonzales			
	(Name of Contact Pers	on)	
Ansbacher Law, P.A.			
	(Firm/ Company)		
8818 Goodbys Executive Drive, Suite 100			
	(Address)		
Jacksonville, Florida 32217			
	(City/ State and Zip Co	ode)	
ca@ansbacher.net			
E-mail address: (to be use	ed for future annual repor	t notification	1)
For further information concerning this matter, pleas	e call:		
Alejandra Gonzales	9 a1	04	737-4600 ext. 125
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida De	partment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section	Street Address		
Division of Corporations	Amendment Section Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

TCN PARCEL 14 HOMEOWNERS' ASSOCIATION, INC.

N17000000265		
(Document Num	ber of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Pr	cofit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ntion:	
SEASIDE ESTATES AT BEACHWALK HOMEOWNERS	S' ASSOCIATION, INC.	The new
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)	
		202 SI 1/4/1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	S HAR -
		FLC a
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		er the name of the
λ'/Δ	address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida	street address)
N/A		
	(City)	Florida (Zip Code)
	•	(Elly Colle)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for		obligations of the position.
	Signature of New Registered	I to set if also makes
·	menatare of new Registered	Agent, ij 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>	Address
1) MA Change Add	<u>N/A</u>	N/A	<u>N/A</u>
Remove			
2) N/A Change Add	N/A	<u>N/A</u>	N/A
N/A Remove	<u>N/A</u>	<u>N/A</u>	N/A
4) N/A Change Add	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Remove			
5) NIA Change Add	<u>N/A</u>	N/A	N/A
Remove			
6) N/A Change Add	<u>N/A</u>	N/A	N/A
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
<u>N/A</u>			
			

	
•	
The date of each amendment(s) adoption: date this document was signed. December 4, 2024	he
Effective date if applicable:	
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.	

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were