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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VIEWS AT HYDE	PARK HOMEOWN	ERS' ASSOCI.	ATION, INC.
DOCUMENT NUMBER: N17000001268			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Samantha R. Hargitt			
	(Name of Contact P	erson)	
Wooden McLaughlin LLP			
	(Firm/ Compan	y)	
One Indiana Square, Suite 1800			
	(Address)		
Indianapolis, Indiana 46204			
	(City/ State and Zip	Code)	
info@onyxandeast.com			
E-mail address: (to be used	for future annual re	port notification	n)
For further information concerning this matter, please	call:		
Samantha R. Hargitt	af	317	639-6151
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ar Di Cl	reet Address mendment Sectivision of Corpo ifton Building 61 Executive C	prations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 DEC -7 AM 9: 45

VIEWS AT HYDE PARK HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as current) N17000001268	ly filed with the Florida Dept. of State)	TALLAHASSEE, FL
	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporation	en:	
		The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
-		
-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(<u> </u>	
-		
D. If amending the registered agent and/or registered office	address in Florida, enter the name of th	<u>e</u>
new registered agent and/or the new registered office ad	dress:	
Name of New Registered Agent:		
		
New Registered Office Address:	(Florida sireet address)	
	P1. 11	_
	(City) , Florid	a Code)
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the	position.
Sin	nature of New Registered Agent, if changing	<u>. </u>
.ng	man e of their regimered rigerit, if changir	¹⁸

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) Change	DP	John Bain	1828 N. Central Avenue, Suite 100
Add			Indianapolis, IN 46202
X Remove			
2) Change	DP	Adam Bain	1828 N. Central Avenue, Suite 100
X Add			Indianapolis, IN 46202
Remove			
3) Change			
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

(attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
<u> </u>		
_		
<u> </u>		
	_	
		
		

date this document was s	igned.		, if other	than th
Effective date if applica	ible:			
	(no more	e than 90 days after amend	ment file date)	
Note: If the date inserted document's effective date	I in this block does not mee on the Department of Stat	et the applicable statutory f te's records.	filing requirements, this date will not be listed as	the
Adoption of Amendmen	t(s) (CHEC	CK ONE)		
The amendment(s) was/were sufficient f	vas/were adopted by the me for approval.	embers and the number of v	votes cast for the amendment(s)	
There are no membe adopted by the board	rs or members entitled to v d of directors.	vote on the amendment(s).	The amendment(s) was/were	
Dated _	November <u>28</u> , 2018			
Signature	Allan 15	2 		
па	y the chairman or vice chai ave not been selected, by a ther court appointed fiducia	n incorporator — if in the ha	nt or other officer-if directors ands of a receiver, trustee, or	
	Adam Bain	, ,		
	(1	Typed or printed name of po	erson signing)	
	President			
		(Title of person s	igning)	