N17000001904

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COVER LETTER

TO: Amendment Section **Division of Corporations** Coco Plum Breeze Subdivision Association, Inc. NAME OF CORPORATION: N17000001904 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marion Johnson (Name of Contact Person) (Firm/ Company) 275 South Orange Ave., Suite 500-2900 (Address) Orlando, FL 32806 (City/ State and Zip Code) mjohnson@venturegps.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 436-3227 Marion Johnson (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address Street Address** Amendment Section 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

Coco Plum Breeze Subdivision Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000001904 (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: Coco Plum Breeze Homeowners Association, Inc. 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) (City) 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

address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V = Vice F	and/or D , if necess rector titl President, = Chief F	Director being added: sary) le by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; TK inancial Officer. If an officer/director holds mo	fficer/director being removed and title, name, and R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the c	orporation, Sally Smith is named the \emph{V} and $\emph{S}.$ \emph{T}	is the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
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2) Change Add			
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3) Change Add			
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ttach additional sheets, if necessary).	(Be specific)	
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The date this	e of each amendment(x) adops Assument was signed.	\$ + + + + + + + + + + + + + + + + + + +	, if other than th
h'Meentre	date if applicable:		
	and the same of th	(no more than 90 days after amendment file date)	
Note: 11'	the date inserted in this block it's effective date on the Depart	does not meet the applicable statutory filing requirements, this date wi tment of State's records.	ll not be listed as the
4doption	of Amendment(s)	(CHECK ONE)	
□ The . was:	amendment(s) was/were adopt were sufficient for approval.	ted by the members and the number of votes east for the amendment(s)
Then why	e are no members or members ted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 14-1	14-17	
	Signature 1/1/per	ryn Johnson	
		n or vice chairman of the board, president or other officer-if director	
		selected, by an incorporator — if in the hands of a receiver, trustee, or sointed fiduciary by that fiduciary)	
	Marion John	\mathcal{L}	Johnson
		(Typed or printed/name of person signing)	
	President		
		(Title of person signing)	_