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P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: STEWART LAKE	PRESERVE HOME	OWNERS A	SSOCIATION, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
MIKE MILLER			
	(Name of Contact Pe	erson)	
EMPIRE MANAGEMENT GROUP INC.			
	(Firm/ Company	.)	1
770 ALMOND ST SUITE A			
	(Address)	<u> </u>	
CLERMONT FL 34711			
	(City/ State and Zip (	Code)	
mmiller@empiremenagementgrp.com			
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
MIKE MILLER	at	352	535-0099
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of !	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee leate of Status led Copy Jonal Copy is sed)
Mailing Address Amendment Section		eet Address	4.0
Division of Corporations	Amendment Section ions Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment . to Articles of Incorporation of

## FILED

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STEWART LAKE PRESERVE HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FL N17000003668 (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: 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. n/a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: n/a (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: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby 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	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	VP	Jeff Myers	770 Almond St Suite A
Add			Clermont FŁ 34711
X Remove			
2)Change	VP	Steve Williams	770 Almond St Suite A
x Add			Clermont FL 34711
Remove			
3 ) Change			<del></del> -
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
n/a	
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	8/15/2018	
The date of each amer date this document was		_, if other than
Effective date <u>if appli</u>	8/15/2018	
	(no more than 90 days after amendment file date)	
Note: If the date insert document's effective date	red in this block does not meet the applicable statutory filing requirements, this date will not bate on the Department of State's records.	e listed as the
Adoption of Amendm	ent(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s was/were sufficier	) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	8/15/2018	
1,2100	DocuSigned by:	
Signature	Joseph Meier	
- <b>3</b> ,	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
	Joseph Meier	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

the