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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

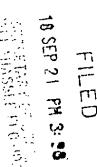
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

Liberty Health NAME OF CORPORATION:	Park Property Owners A	ssociation, Inc.	
N17000005848			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Robert K. Beard			
•	(Name of Contact	Person)	
Liberty Health Park Property Owners Association	on, Inc.		
	(Firm/ Compa	ny)	
3401 W. Cypress St. Stc. 201			
-	(Address)	<del>.</del>	
Tampa, FL 33607			
	(City/ State and Zip	Code)	
bob.beard@envirocap.com			1/
E-mail address: (to b	e used for future annual re	eport notificatio	, , , , , , , , , , , , , , , , , , ,
For further information concerning this matter, p	olease call:		
Robert K. Beard	,	813 at	341-3650 ext. 101
(Name of Contact F	'erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Department of	State:
\$35 Filing Fee	ee & □S43.75 Filing Fe latus Certified Copy (Additional copy enclosed)	Certif ris Certif (Addi	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section		treet Address mendment Sect	ion
Division of Corporations P.O. Box 6327	L.	amenament Sect Division of Corpa Hifton Building	
1.O. BUX 0327	ζ.	amon bunding	

2661 Executive Center Circle

Tallahassee, FL 32301

## FILED

## Articles of Amendment to Articles of Incorporation of

Liberty Health Park Property Owners Association, Inc.

/Name of Corneration as curr	ently filed with the Florida Dept. of State)
N17000005848	Chry med with the Fiorida 19cpt of State
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3401 W. Cypress St. Ste. 201
Principal office address MUST BE A STREET ADDRES	Tampa, FL 33607
	200
	A SECTION OF SECTION O
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3401 W. Cypress St. Ste. 201
	Tampa, FL 33607
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>	
new registered agent animor the new registered office	e address:
Name of New Registered Agent:	
3401 W	7. Cypress St. Ste. 201
New Registered Office Address:	(Florida street address)
Tampa	33607
	(City) (Zip Code)
	,
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	
	Signature of New Registered Agent, if changing
	Signature of ivew 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)

. . . . 2

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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PD	Joseph Bonora	3401 W. Cypress St. Stc. 101
Add			Tampa, FL 33607
X Remove			
2) Change	PD	Robert K. Beard	3401 W. Cypress St. Stc. 201
XAdd			Tampa, FL 33607
Remove 3 ) Change	DVP	Robert K. Beard	3401 W. Cypress St. Ste. 101
Add			Tampa FL 33607
X Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)
· .	, <u></u>
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. . . . .

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated	8.18	
Signature R	best K Board	
(By the chairs have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Rubert K Beard  (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	

. . . .