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COVER LETTÉR

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Stoneridge @ Ayersworth Community Assoc. Inc				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Andrew Rhinehart (Name of Contact Person)				
Prime Community Management (Firm/ Company)				
346 East Central Avenue				
(City/ State and Zip Code)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
at				
(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:				
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is \\ enclosed) \\ (Additional Copy is \\ Enclosed) \\ (Additional Copy is \\ Enclosed)				
Mailing Address Street Address				

Mailing Address
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

Stoneridge at Agersia	th Commun	ty Assoc, Inc.	
(Name of Corporation as curre	ently filed with the Flo	orida Dept. of State)	
N17000	00 6347		
(Document Num	nber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not F</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpora	ution:		
			The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporat	ed" or the abbreviation "Corp."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>v</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 1ALL	
		AHA NOV	T
		- 6	
	 -	70 A	
D. If amending the registered agent and/or registered of	fice address in Florid	a, 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:	,	rioriaa sireet aduress)	
	(0)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	d Agent; familiar with and accep	pt the obligations of the position.	
	Signature of New Reg	istered 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.

Mike Jones, V as Rem	ove, ana sany sm	an, or as an naa.	
Example: X Change X Remove X Add	V Mik	n Doe re Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	DP_	Prady lefere	4600 W.Cypress St Sk# 200 Tampa, F1 33607
2) Change Add	PD	Kelly Evans	4600 W. Cypress St St #200
Remove 3) Change Add			Tampa, FI 33607
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add		- <u></u>	
Remove			

attach additional sheets,	ij necessary).	(Be specific)	,				
							
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The date of each amendment(s) adoption;	, if other than the
late this document was signed.	
Effective date if applicable: 151 2018	
(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 document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the a was/were sufficient for approval.	amendment(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	s) was/were
Dated	
Signature	10 Physical and the state of th
(By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receiver	r-if directors
other court appointed fiduciary by that fiduciary)	, trustee, or
Andrew Chinehart	
(Typed or printed name of person signing)	
Manager	
(Title of person signing)	

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