N17000009409

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations *	·
NAME OF CORPORATION: Punta Gorda	Historic District Homeowness Association, Inc
DOCUMENT NUMBER: N 170000	9409
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
Robert C. Sifri	+
/(Nam	ne of Contact Person)
(Firm/ Company)
460 W. Manos	~ Aue
	(Address)
Punta Gorda,	FL 33950
(Ćity	/ State and Zip Code)
SIFFIT C YALL E-mail address; (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	·
	at 941 - 661-4723 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
/ (A	3.75 Filing Fee & S52.50 Filing Fee rtified Copy Certificate of Status dditional copy is Certified Copy (closed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, Fl. 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Punta Gorda Historic Distr	of the	According T
(Name of Corporation as currently filed with the Florida D	· · · · · · · · · · · · · · · · · · ·	1750clation, inc
N 17000009409	ept. of State)	
(Document Number	er of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Cor</i>	poration adopts the following
A. If amending name, enter the new name of the corporati	ion:	
Historic Punta Gorda Civ	ic Association, I	The new
	ion" or "incorporated" or the abb	reviation "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)	N/W	
(1 Timespan office madress <u>most be A STREET ADDITESS</u>)	·	
		20011702
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIM	: :2
	<u> </u>	751
		الدين المستقد المستقدم المستقد المستقدم المستقدم ا
D. If amending the registered agent and/or registered offic	e address in Florida, enter the na	ن) ame of the
new registered agent and/or the new registered office ac		*
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida street add	ress)
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		and the second
I hereby accept the appointment as registered agent. I am fan	uuar wun ana accept the obligatio	ns oj the position.
	NIA	
Sig	nature of New Registered Agent, ij	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: XChange XRemove XAdd		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	P	Eunice Wiley	653 Mary St. Punta Gorda, R. 33950
Remove 2) Change Add	7	Donna Poterman	713 W Rheth Esplanado Punta Garda, Fr. 33950
Remove 3) Remove Add Remove	<u>\</u>	Kim Devine	126 E Olympia Ame Ponta Gord, Fr. 33950
Remove 4) Change Add	<u>V</u>	Pobert C Sifrit	460 W. Marion Ave Ponta Garda, Fr. 33850
Remove 5) Change Add	_D	Corthy Getz	307 Mc Gregor Ave Plyte Gorda, A. 33050
Remove 6) Change V Add	D	Frank Conti	257 Shreve St. Punta Garda, Fl. 33550 PO BOX 51888
Remove 7		Moutha Bireda noticles, enter change(s) here: (Be specific)	Punta Gurda, Fl. 33950

			. <u></u> .		 _
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		<u> </u>			
					
-			···	<u> </u>	
	_				
The date of each amendment(s date this document was signed. Effective date if applicable:	s) adoption:\\overline{\chi_0}	ven ber	18, 20	20	if other than the
Effective date <u>if applicable</u> : _	Novemb	ser 18, 2	020		
	(no more	than 90 days after	amendment file	date)	
Note: If the date inserted in this document's effective date on the	block does not med Department of Sta	et the applicable st te's records.	atutory filing req	quirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(CHEC	K ONE)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated November 20, 2020
Signature (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)
Robert C Sifut (Typed or printed name of person signing)
Vi ce President (Title of person signing)