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S. PRATHE;

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

CORNERS AT CE NAME OF CORPORATION:	ROSS CREEK CON	DOMINIUM, IN	C
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	atter to the following	;;	
BLAKEHAYWARD			
	(Name of Contac	t Person)	
HAYWARD TITLE GROUP			
	(Firm/ Comp	any)	
2121-G KILLARNEY WAY			
	(Address)	
TALLAHASSEE. FL 32309			
	(City/ State and 2	Zip Code)	
BLAKE@HAYWARDTITLEGGROUP.COM			
E-mail address: (to be us	sed for future annual	report notification	n)
For further information concerning this matter, plea	ise call:		
BLAKE HAYWARD		850 at	386-4400
(Name of Contact Person	on)		(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Flori	da Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certi: py is Certi: (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
CORNERS AT CROSS CREEK CONDONIMIUM, IS	NC.	· •
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	orporation" or "incorporat	The new ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>Y</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent:		a, enter the name of the
New Registered Office Address:		(Florida street address)
	(2:.)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.		
	Signature of New Regi	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.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add	VP	-	TOM R. HAYWARD	3776 TOM JOHN LANE TALLAHASSEE, FL 32309
× Remove				
2) Change Add	VPT	_	B. LEE HUDSON	2704 APALACHEE PARKWAY TALLAHASSEE, FL 32301
Remove	<u>S</u>	-	STEPHANIE HINSON-DeBOSE	1443 RICHBAY RD. HAVANA, FL 32333
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				<u> </u>
6) Change Add				
Remove				
E. If amending or additional sheet			icles, enter change(s) here: (Be specific)	
	:			
				y .

		
		
		
The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.	vii	, if other than the
Effective data if applicables		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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
Signature (Rutho shair and All All All All All All All All All Al
(By the chairman of 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)
PAUL HYATT
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)