118000000961

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Cottages at Glenn NAME OF CORPORATION:	noor Owners Asso	ociation, Inc.		
N18000000961 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this matt	ter to the following:			
Sara Jo Hall, CAM				
	(Name of Contact	Person)		
Matovina & Company				
	(Firm/ Compa	ny) ·		
2955 Hartley Road, Suite 108				
	(Address)			
Jacksonville, FL 32257)
,	(City/ State and Zi	p Code)		5
sjhall@matovina.com				~? X
E-mail address: (to be use	d for future annual r	eport notification	1)	<i>iò</i>
For further information concerning this matter, please	e call:			0.1
Sara Jo Hall		(904)	292-0778 ext. 1	
(Name of Contact Person			(Daytime Telephone l	Number)
Enclosed is a check for the following amount made p	ayable to the Florida	a Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif is Certit	0 Filing Fee leate of Status led Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	, I	Street Address Amendment Sect Division of Corpo Tifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cottages at Glenmoor Owners Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N18000000961 (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: Cottages at St. Johns Owners Association, Inc. 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature of New Registered Agent, if changing

Hamending 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; <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additiona (attach additional sheets, if necessa	ary). (Be specif	(ic)			
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	. <u>–</u>				

	6/25/2018	
The date of each amendment(s)	adoption:	, if other than the
late this document was signed.		
	25/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	one more man 20 days after amenament fite dates	
Note: If the date inserted in this blocument's effective date on the l	lock does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amend val.	iment(s)
There are no members or meadopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was stors.	/were
Dated	10/25/18 A-MI	
Signature	morto 1 batom	
have not b	irman or vice chairman of the board, president or other officer-if di seen selected, by an incorporator – if in the hands of a receiver, trus t appointed fiduciary by that fiduciary)	
Grego	ry E. Matovina	
	(Typed or printed name of person signing)	
Presid	ent	
	(Title of person signing)	