

**N180000002875**

**Florida Department of State  
Division of Corporations  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
THE COVE AT ROCKY POINT HOMEOWNERS ASSOCIATION,  
INC**

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TALLAHASSEE, FL

AUG 31 2018  
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**COVER LETTER**TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE COVE AT ROCKY POINT HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N18000002875

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER BADEN

(Name of Contact Person)

TRIAD PROFESSIONAL SERVICES

(Firm/ Company)

1720 WINDWARD CONCOURSE, SUITE 390

(Address)

ALPHARETTA, GA 30005

(City/ State and Zip Code)

JBADEN@TRIADPROS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER BADEN

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777-2091

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

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**Mailing Address**  
 Amendment Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address**  
 Amendment Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

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Articles of Amendment  
to  
Articles of Incorporation  
of

THE COVE AT ROCKY POINT HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

NI8000002875

(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:**

*The new 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:

(City)

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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PRDR</u>	<u>BURDETT, ANTHONY J</u>	<u>551 N. CATTLEMEN ROAD</u>
<input type="checkbox"/> Add			<u>SUITE 200</u>
<input checked="" type="checkbox"/> Remove			<u>SARASOTA, FL 34232</u>
2) <input checked="" type="checkbox"/> Change	<u>D/P</u>	<u>DE LA OSSA, CARLOS</u>	<u>3922 COCONUT PALM DRIVE</u>
<input type="checkbox"/> Add			<u>SUITE 108</u>
<input type="checkbox"/> Remove			<u>TAMPA, FL 33619</u>
3) <input type="checkbox"/> Change	<u>V/T/D</u>	<u>HIMELHOCH, SCOTT</u>	<u>3922 COCONUT PALM DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 108</u>
<input type="checkbox"/> Remove			<u>TAMPA, FL 33619</u>
4) <input type="checkbox"/> Change			
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5) <input type="checkbox"/> Change			
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6) <input type="checkbox"/> Change			
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<input type="checkbox"/> Remove			

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F. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

1. Introduction  
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 3. Methodology  
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 5. Discussion  
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JUNE 22, 2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

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Adoption of Amendment(s)

**(CHECK 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

8/8/18

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)

Carlos de la Ossa

(Typed or printed name of person signing)

President

(Title of person signing)

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