

N18 0000002875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

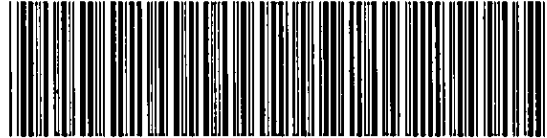
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Cove at Rocky Point Homeowners Association

DOCUMENT NUMBER: N18000002875

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

Please return all correspondence concerning this matter to the following:

Matt Sawyer

(Name of Contact Person)

Pope Properties, Inc

(Firm/ Company)

438 Interstate Ct

(Address)

Sarasota FL, 34240

(City/ State and Zip Code)

msawyer@popegolf.net

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

For further information concerning this matter, please call:

Barbara Robinson

706

540-4593

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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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)

N18000002875

(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)

438 Interstate Ct

Sarasota FL, 34243

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

438 Interstate Ct

Sarasota FL, 34243

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:

Pope Properties, Inc

438 Interstate Ct

(Florida street address)

New Registered Office Address:

Sarasota, FL

Florida 34240

(City)

(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.

MATT SAWYER

Signature of New Registered Agent, if changing

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(Attach additional sheets, if necessary)

*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.*

Example:

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	P	Barbara Robinson	4113 Rocky Shores Dr Tampa FL, 33634
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	V	Chuck Wolfe	4054 Rocky Shores Dr Tampa FL, 33634
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	S	Brad Anderson	4114 Rocky Shores Dr Tampa FL, 33634
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	T	Michael Wons	4115 Rocky Shores Dr Tampa FL, 33634
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	D	Gita Chandra	4145 Rocky Shores Dr Tampa FL, 33634
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			

(attach additional sheets, if necessary). (Be specific)

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Effective date if applicable: 9-30-2020  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s)** **(CHECK ONE)**

- ☐ 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 11/1/2020

Signature Barbara Robinson  
(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)

Barbara Robinson  
(Typed or printed name of person signing)

The Cove HOA President  
(Title of person signing)