Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : 120160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

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3. 7 30

COR AMND/RESTATE/CORRECT OR O/D RESIGN E CHAPEL CHASE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status 0 Certified Copy 1 Page Count 06 Estimated Charge \$43.75

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AUG 3 1 2018

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	CHAPEL CHASE I	HOMEOWNERS ASS	SOCIATION, I	NC.
	N18000003574			
DOCUMENT NUMBER:	·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
JENNIFER BADEN				
		(Name of Contact Pe	250n)	· · · · · · · · · · · · · · · · · · ·
TRIAD PROFESSIONAL	SERVICES			
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Company	·)	
1720 WINDWARD CONG	OURSE, SUITE 390			
		(Address)	·	
ALPHARETTA, GA 3000	95			
***************************************		(City/ State and Zip (Code)	
JBADEN@TRIADPROS.	СОМ			
·	E-mail address: (to be used	for luture annual rep	ort notification)
For further information con	carning this matter, please	call:		
JENNIFER BADEN			770	777-2091
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the t	following amount made pa	yable to the Florida D	cpartment of S	State:
□ \$35 Filing Fee		■\$4 3.75 Filing Fee &	± □\$52.50 Certifi Certifi	Fiting Fec cate of Status ed Copy ional Copy is
Mailing Address		Street Address		

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

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

FILED

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Articles of Amendment to Articles of Incorporation of SECRETARY OF STATE TALLAHASSEE, FL

CHAPEL CHASE HOMEOWNERS ASSOCIATION, F	NC.	
(Name of Corporation as en	rently flied with the Fl	orida Dept. of State)
N18000003574	mbo of Company (id	Name of the state
Pi mamilional)	umber of Corporation (if	Knownj
Pursuant to the provisions of section 617.1006, Florida Summendment(s) to its Articles of Incorporation:	atutes, this Florida Not I	For Profit Corporation edupts the following
A. If amonding name, color the new name of the corp.	oration:	
name must be distinguishable and contain the word "corp" "Company" or "Co," may not be used in the name.	ocration" or "Incorpora	The new ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR)	<u>Z</u> ZŽ)	
C. Enter vew mailing address, if applicable; (Mailing address MAY REA POST OFFICE BOX)		
). If amending the registered agent and/or registered new registered after anti-or the new registered of	office address to Phorid to address;	e, enter the name of the
Same of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		(Florido sireet uddress)
•		, Florida
·	(Cin)	(7.ip Code)
kew Registered Apont's Signature, if changing Register hereby accept the appointment as registered agent. I as	red Agent: n familiar with and acce	pt the abligations of the position.
	Signature of New Reg	istered Ayem. 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;

(Attuch additional sheets, if necessary)

Please now the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasure; 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 nomed 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.

X Change X Remove X Add	<u>v</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	D/P	BURDETT, ANTHONY J	551 N. CATTLEMEN ROAD
Add			SUITE 200
X Remove	•		SARASUTA, FL 34232
2) X Change	D/P	DE LA OSSA, CARLOS	3922 COCONUT PALM DRIVE
Add			SUITE 108
Remove			TAMPA, FL 33619
3) Change	V/T/D	THORNE, BOB	3922 COCONUT PALM DRIVE
X Add			SUITE 108
Remove			TAMPA, FL 33619
4) Change			
Add			
Remove		·	
5) Change			
, Add			
Remove			
i) Change			-
Add			
Remove			
		Prope 2 nf 4	

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If amending or adding additional Articles, cover change(e) here: (attach additional sherts, if necessary). (Be specific)	
(analy diamental anests, g necessary). (he specific)	

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The date of each amendment(s) adoption: JUNE 22, 2018 ____, if other than the date this document was signed. Effective date (f applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the mumbers 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. 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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