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COVER LETTER

TO: Amendment Section
Division of Corporations

Casey Cove Es	tates Homeowners' Association, Inc.
N18000007734	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Stanley H Jackson Sr.	
	(Name of Contact Person)
Casey Cove Estates Homeowners' Association	on, Inc.
	(Firm/ Company)
14920 Otto Rd.	
-	(Address)
Tampa, FL 33624	
	(City/ State and Zip Code)
sjackso1@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Stanley H Jackson Sr.	813 389-3120 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee Certificate of State	& \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$\$\$\$\$\$\$ \$\subseteq\$

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

Articles of Amendment to Articles of Incorporation of

Casey Cove Estates Homeowners' Association, Inc.

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)	
N1800007734		
(Document N	Number of Corporation (if known)	_
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the corp	poration:	
N/A	The r	new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "In	c. ''
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRI	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	_ _ _
D. If amending the registered agent and/or registered new registered agent and/or the new registered off N/A	fice address:	
Name of New Registered Agent:		—
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	_
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position	ī
	SE 20 1	
	Signature of New Registered Agent, if changing	コ
	Page 1 of 4	

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	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Stanley Jackson Jr.	14920 Otto Rd.
Add			Tampa FL 33624
x Remove			
2) Change	<u>D</u>	Carla Hurtado	14920 Otto Rd.
X Add			Tampa FL 33624
Remove			
3) Change			
Add			
Remove			
4) Change			
Ad d			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)				
I/A				
	_			
	_			

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records.	listed as the
Ado	option 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.	
	07/18/2018 Dated	
	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)	
	Stanley H Jackson Sr.	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	