N18000 D10 830

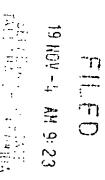
(Requestor's Name)
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COVER LETTER

TO: Amendment Section

... Division of Corporations



EAGLE II NAME OF CORPORATION:	AMMOCK OF OSCEOLA COUNTY HOMEOWNERS' ASSOCIATION, INC.
N1800001083	9
DOCUMENT NUMBER:	,
The enclosed Articles of Amendment and fo	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Belinda Ryan Wilhemson	
	(Name of Contact Person)
Empire Management Group, Inc.	
	(Firm/ Company)
770 Almond St, Suite A	
	(Address)
Clermont, FL 34711	
-	(City/ State and Zip Code)
hoa@empirehoa.com	
l:-mail address: (to be used for future annual report notification)
For further information concerning this matt	er, please call:
Belinda Ryan Wilhemson	at 352 227-2100 (Area Code) (Daytime Telephone Number)
(Name of Conta	ict Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Fili Certificate	ng Fee & 🗆\$43.75 Filing Fee & — \$52.50 Filing Fee of Status — Certified Copy — Certificate of Status — (Additional copy is — enclosed) — (Additional Copy is — Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EAGLE HAMMOCK OF OSCEOLA COUNTY HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as current	tly filed with the Florida Dep	t. of State)		_
N18000010830				
(Document Number	er of Corporation (if known)			_
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the	followi	บคิ
A. If amending name, enter the new name of the corporati	on:			
n/a			_The ne	'W'
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Corp."	or "Inc.	••
B. Enter new principal office address, if applicable:	770 Almond Street	201	19	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Clermont, Florida 34744	5 e 11	NO.	 i``i
		,	4-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	770 Almond Street		δ. 24	−. T
	Clermont, Florida 34744		23	_
				_
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		ne name of the		
Name of New Registered Agent:		·-		_
New Registered Office Address:	(Florida stre	et uddress)		_
		, Florida		
	(City)	(Zip Code)		_
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		gations of the position.		
	gnature of New Registered Ag	ent, if changing		_

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	<u>V</u> <u>Mil</u>	<u>m Doe</u> ke Jon <u>es</u> ly Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) A Change	P	McConn, Steve	770 Almond St, Suite A	
Add			Clermont, FL 34711 $\stackrel{\text{def}}{=}$ $\stackrel{\text{co}}{=}$	
Remove				<u> </u>
2) X Change	VP	Dare, Casey	770 Almond St, Suite A	Γ
Add			Clermont, FL 34711 9	_
Remove				
3) X Change	DST	Everett, Matrell	770 Almond St, Suite A	
Add			Clermont, FL 34711	
Remove				
4) Change			770 Almond St, Suite A	
Add			Clermont, FL 34711	
Remove				
5) Change			770 Almond St, Suite A	
Add			Clermont, FL 34711	
Remove				
6) Change			770 Almond St. Suite A	
X Add			Clermont, FL 34711	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
n/a		
		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
ino more than 90 days after amendment file data	e)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	r the amendment(s)
■ There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nent(s) was/were
Dated 10-30-2019	
Signature (By the chairman or vice chairman of the board, president or other of	Mour if directors
have not been selected, by an incorporator – if in the hands of a recother court appointed fiduciary by that fiduciary)	beiver, trustee, or
McConn, Steve	19 19 Ti
(Typed or printed name of person signif	15.)
President	新り 1000 1000 1000 1000 1000 1000 1000 10
(Title of person signing)	23 EDA