N18000010915

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Cypress Key Commer	reial Association, Inc.			
DOCUMENT NUMBER:	N18000010915				
The enclosed Articles of Am	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Cara Chieffallo					
	(Name of Contact Person	on)		
K. Hovnanian Homes					
		(Firm/ Company)			_
3601 Quantum Blvd					
		(Address)			
Boynton Beach, FL 33426					
	(City/ State and Zip Coo	de)		
cchieffallo@khov.com					
E	-mail address: (to be used	for future annual report	notification)	
For further information conc	erning this matter, please c	all:			
Cara Chieffallo			51		
	(Name of Contact Person)	(2)	trea Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	partment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status			Copy Certificate of Status al copy is Certified Copy		
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

Cypress Key Commercial Association, Inc.

Cypress Key Commercial Association, Inc.			
(Name of Corporation as cu	arrently filed with th	e Florida Dept. of State)	
N18000010915			
(Document)	Number of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida ?	Not For Profit Corporation &	dopts the following
A. If amending name, enter the new name of the corp	ogration:		
			The new
name must be distinguishable and contain the word "con"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	poration" or "incorp	orated" or the abbreviation	
Principal office address MUST BE A STREET ADDR	<u>ESS</u>)		
			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ı		
		-	\geq_{ω}
			
			\$
D. If amending the registered agent and/or registered	l office address in Fl	orida, enter the name of the	
new registered agent and/or the new registered of			
AL CAL D. L.			
Name of New Registered Agent:			
		(Florida street address)	U.S.
New Registered Office Address:			
		, Florida	
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It is		accept the obligations of the p	position.
	Signature of New	Registered Agent, if changing	<u> </u>

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 Doc 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TSD	Barbara Mabie	3601 Quantum Blvd
Add			Boynton Beach, FL 33426
x Remove			
2) Change	TSD	Gemma Pickard	3601 Quantum Blvd
x Add			Boynton Beach, FL 33426
Remove			
3) Change			ALE 3
Add			
Remove			- SA 7
4) Change			F S
Add			ORIDE S
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
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	Page 3 of 4	OF STATE ORNOR
		ORAL OR

	e date of each ame this document wa	ndment(s) adoption:s signed.	_, if o	ther th	an the
Eff	ective date <u>if appl</u>	cable: (no more than 90 days after amendment file date)			
		ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be liste	id as tl	າຕ
Ad	iption of Amendn	ient(s) (<u>CHECK ONE</u>)			
	The amendment(swas/were sufficient	s) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.			
	There are no men	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.			
	Dated	5/15/19			
	Signatur	(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)			
		Maya Simhon-Chocron			
		(Typed or printed name of person signing)			
		President	12. 12.	19	
		(Title of person signing)	O ARRIGARA O ARRIGARA	N EINUE	