

Florida Department of State

Division of
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Sheet

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(((H200000393823)))



H200000393823ABC.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CHICO'S HERITAGE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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2020 FEB -4 AM 11:20

20 FEB -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Articles of Amendment
to
Articles of Incorporation
of

Chico's Heritage Heights Homeowners' Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000010519

(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:**

Heritage Heights Homeowners' Association, Inc.

*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)**C. Enter new mailing address, if applicable:**(Mailing address MAY BE A POST OFFICE BOX)**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:

(Florida street address)

New Registered Office Address:_____, Florida
(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.*_____
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
|--------------------------------------|--------------|-------------|----------------|

| | | | |
|---|-------|-------|-------------------------|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |

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E. If amending or adding additional Articles, enter change(s) here:

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

FILED
 20 FEB 7 4 AM 10:01
 CLERK OF DISTRICT COURT
 FLORIDA

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SECRETARY OF STATE
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☒ 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 2/4/2020

Signature Tanya Sobolt

(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)

Tanya Sobolt

(Typed or printed name of person signing)

President

(Title of person signing)

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