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COVER LETTER

TO: Amendment Section Division of Corporations Jennings Place Owners Association Lyc. NAME OF CORPORATION: _ N19000010685 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) 12620 Tele Com Drive (Address) oulton @ forestar. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at 813 - 517 - 017.5 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation

of

JENNINGS PLACE OWNERS ASSOCIATION, INC

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Co</i> amendment(s) to its Articles of Incorporation:	prporation adopts the following
	prporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the ab "Company" or "Co." may not be used in the name.	bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	蹈 6
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
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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 the
Name of New Registered Agent:	
	·
(Florida street a	ddress)
New Registered Office Address:	
<u></u>	, 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 obligat	tions of the position.
Signature of New Registered Agent	r if alaquaina

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	\overline{V} Mike	i Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Ria	Micolas R. Aparicio	12620 Telecom Dr. TAMPA FL 33637
2) Change Add	<u>09</u>	MARY I Moulton	12620 Telecom Dr. TAMPA FL 33637
Remove 3)	<u>NbV</u>	Lisa Stricklaus	25366 Profit Dr. DAPHNEAL 36526
4) X Change Add Remove	STD	Tucker Dorsey	25366 Profit Dr. Daphne, AL 36526
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	-			
					
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The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not tment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	<u> </u>	
(By the chairman	for vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	_
MAR	(Typed or printed name of person signing)	
Pres.	Title of person signing)	