

Florida Department of State
Division of Corporations
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To:

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

Email Address: martha.schiffer@meritagehomes.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
HIGHLAND RIDGE COMMUNITY HOMEOWNER'S ASSOCIATION,
INC.

Certificate of Status	0
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2022 APR -7 PM 12:18

SECTION 607.01, FLA. STAT.
TALLAHASSEE, FL

A. BUTLER
APR 08 2022

DocuSign Envelope ID: 319C2E13-C88F-435A-B332-B03E7261E80A

Articles of Amendment
to
Articles of Incorporation
of

(((H22000126926 3)))
FILED

2022 APR -7 AM 6:31

HIGHLAND RIDGE COMMUNITY HOMEOWNERS' ASSOCIATION, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FL

N21000009633

(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:

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:

(City)

Florida

(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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[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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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 04-04-22

DocuSigned by:
Signature Martha Schiffer
319C2E13-C88F-435A-B332-B03E7261E60A

(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)

Martha Schiffer

(Typed or printed name of person signing)

Director

(Title of person signing)

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