N2200000958

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COVER LETTER

TO: Amendment Section Division of Corporations

PENNYROYAL NAME OF CORPORATION:	HOMEOWNERS ASSO	OCIATION, IN	C.
N22000000958 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Kriston Nottingham			
	(Name of Centact P	erson)	
Access Management			
	(Firm/ Compan	y)	
215 Celebration Place Suite 115			
	(Address)		
Celebration, F1. 34747			
	(City/ State and Zip	Code)	
knottingham@accessdifference.com			
E-mail address: (to be	used for future annual re	port notification	n)
For further information concerning this matter, pl	ease call:		
Kriston Nottingam	: at	407	
(Name of Contact Pe		(Area Code)	
Enclosed is a check for the following amount made	e payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certifi is Certifi	D Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ar Di Th	reet Address mendment Sectivision of Corpo ne Centre of T 115 N. Monroe diahassee, FL 3	orations allahassee e Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

2022 OCT -7 PM 5: 33

PENNYROYAL HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with t N22000000958	the Florida Dept. of State) TALLA	riASSE
(Docu	cument Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Fl amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of t	the corporation:	
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the name	ord "corporation" or "incorporated" or the abbreviation "Corp." or	The new "Inc."
B. Enter new principal office address, if applic	215 Celebration Place Suite 115	
(Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
	Celebration, FL 34747	
D. If amending the registered agent and/or reg new registered agent and/or the new register	egistered office address in Florida, enter the name of the tered office address:	
Name of New Registered Agent	Access Management	
	215 Celebration Place Suite 115	
<u>New Registered Office Address</u>		
	Celebration , Florida 34747 (City) (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: gent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	

If amending the Officer and address of each Offi (Attach additional sheets,	cer and/e	r Director b	ter the title and name of each officer/director being removed and title, name, eing added:
Please note the officer/dir P = President; V = Vice P	ector title resident; Chief Fi	by the first le T= Treasurer nancial Office	S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief r. If an officer/director holds more than one title, list the first letter of each office
	es the co	rporation, Sal	r. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is ly Smith is named the V and S. These should be noted as John Doe, PT as a Change, an Add.
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Nar</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		-	
4) Change Add			
Remove			
5) Change Add		-	
Remove			
6) Change Add		-	
Remove			
E. If amending or addin (attach additional sheet			enter change(s) here: specific)
Please Add EIN - 88-074	3514		

-		
3/8	/2022	
The date of each amendment(s) adoption:	, if other th	ian the
Effective date if applicable:		
(no m	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as a State's records.	the
Adoption of Amendment(s) (CH	ECK ONE)	
	e members and the number of votes cast for the amendment(s)	

i by the box	ard of directors.	
Dated	3/8/2022	
Signature	William ?	til
-		
(have not been selected,	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or ductary by that fiductary)
(have not been selected,	by an incorporator – if in the hands of a receiver, trustee, or
(have not been selected, other court appointed fic	by an incorporator – if in the hands of a receiver, trustee, or
(have not been selected, other court appointed fic	by an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)