Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000374389 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

<u>:</u> ک

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845 Fax Number : (614)573-3996

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 WESTOVER ESTATES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

J DENTOS

Page: 3 of 6 2023-10-26 14:49:15 CST 12122023573 From: David Thomas

DocuSign Envelope ID: D383B164-8114-4197-83B3-42DF5C5D90A8

	Articles of Amendment	.ion 189
,	to Articles of Incorporation	30G
	of	一曲当日
WESTOVER ESTATES HOMEOWNERS ASSOCI	ATION, INC.	2023 OCT 26 PM 2:
(Name of Corporation as currently filed with the Fl	orida Dept, of State)	9 P
N22000003343		207 2
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "c	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	<i>,,</i>	,
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u></u> D <u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	
	 .	
D. If amending the registered agent and/or register	red office address in Florida,	enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
_	dila	rida street address)
New Registered Office Address:	(1.10	, mil an certain easy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
Thereby accept the appointment as registered agent.	I am familiar with and accept i	he abligations of the position.
	Signature of New Registe	red Agent, if changing
	• • • • • • • • • • • • • • • • • • • •	

From: David Thomas

DocuSign Envelope ID: D383B164-8114-4197-B3B3-42DF\$C5D90A8

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:

2023-10-26 14:49.15 CST

(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, Vas Remove, and Sally Smith, SV as an Add.

Example: X.Change X. Remove X. Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change Add	DP	Geoffrey Reid	280 E. Pilot Road. Suite 200 Las Vegas, NV 89119
X Remove			
2) Change Add	DVT_	Brad Edwards	280 E. Pilot Road. Suite 200 Las Vegas. NV 89119
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5/ Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional shed	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
			

was/were sufficient for approval.

To.

DocuSign Envelope ID: D383B164-8114-4197-B383-42DF5C5D90A8

adopted by the board of directors.

Dated	10/20/2023
Signature	Matt Halliday
Signature	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)
	Matthew Halliday
	(Typed or printed name of person signing)
	President

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were