## N22000003875

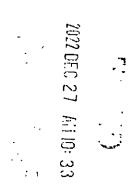
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

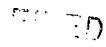
Tallahassee, FL 32314

NAME OF CORPORATION:	OMEOWNERS ASSOCI	IATION, INC.	-
N22000003875 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 Contact Pe	erson)	
Access Management			
	(Firm/ Company	y)	<u>-</u>
215 Celebration Place Suite 115			
	(Address)		
Celebration, FL 34747			
	(City/ State and Zip	Code)	
knottingham@accessdifference.com			
E-mail address: (to be	used for future annual rep	port notification	π)
For further information concerning this matter, ple	case call:		
Kriston Nottingham	at	407	480-4200
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida	Department of	State:
■ \$35 Filing Fee □S43.75 Filing Fee Certificate of Stat	_	Certi s Certi (Add	0 Filing Fee ficate of Status fied Copy fitional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Sectivision of Corp the Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



CONCORDE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N22000003875 (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: 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. 215 Celebration Place Suite 115 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Celebration, FL 34747 C. Enter new mailing address, if applicable: 215 Celebration Place Suite 115 (Mailing address MAY BE A POST OFFICE BOX) Celebration, FL 34747 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: Access Management Name of New Registered Agent: 215 Celebration Place Suite 115 (Florida street address) New Registered Office Address: Celebration (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar k with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 A Add	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	SMITH, RALPH	
x Remove			
2) × Change Add	VP	BENITEZ, ANTHONY	215 Celebration Place Suite 115 Celebration, FL 34747
Remove 3 ) Remove × Add Remove	ST	JULES, CHRISTIAN	
4) Change Add	D	DOTSON, MELISSA	
x Remove			
5) Change Add	<u>D</u>	SMITH, RALPH	
× Remove			
6) Change Add	D	BENITEZ, ANTHONY	
× Remove			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	
Please add EIN #88-193	5845	<del></del>	

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The date of each amendment(s) adoption: date this document was signed.	6/16/2022	, if other than the
Proposition days to an extended		
Effective date if applicable:	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not b	e listed as the
	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Dated	7/6/2022
Signatu	Melissa Dotson
3.g.m.m.	(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)
	Board President
	Board President  (Typed or printed name of person signing)