N22000005771

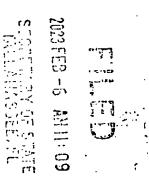
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FEB 0 9 2023 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Copés Landing Duners Association, Inc.
DOCUMENT NUMBER: N 22 0000 5771
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Sutton
(Name of Contact Person)
Priority Community Management. (Film/Company)
2800 N. 6th Street Unit 1, PMB#305
St. Augustino, Cl 32084 (City/ State and Zip Code)
Michelle C Prioritymnemt. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Sutton " 904-810-8298
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ S43.75 Filing Fee ☐ S43.75 Filing Fee & ☐ S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is

Mailing Address

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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)



January 25, 2023

MICHELLE SUTTON PRIORITY COMMUNITY MANAGEMENT 2800 N 6TH STREET, UNIT 1, PMB #305 ST AUGUSTINE, FL 32084

SUBJECT: COPE'S LANDING OWNERS ASSOCIATION, INC.

Ref. Number: N22000005771

We have received your document for COPE'S LANDING OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check 1 box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 023A00000558

-EB 60003

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	100
N22000005771	-15 Th
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the folloamendment(s) to its Articles of Incorporation:	owing
A. If amending name, enter the new name of the corporation:	
The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "I "Company" or "Co." may not be used in the name.	new ne."
B. Enter new principal office address, if applicable: 2800 N. 6th Street (Principal office address MUST BE A STREET ADDRESS)	
<u>UNIT</u>	
St. Augustine, PC 32084)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2800 W. 6th St.	
Unit 1, #305	
St. Augustine, FC 3208	4.
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: Priority Community Manageme	Mt.uc
2800 N. 6th Street Unit 1	
New Registered Office Address:	
St. Avs. ktine Florida 3208 (Cite) (Zip Code)	4

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar 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 X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Kange Add	PD	Grose, Jennifer	2800N. 6HST. Unit 1
Remove 2) Change Add X Remove	VPD	McClure, October	St. Avgrance, FL 32084 200 N. Loth St. Unit 1
Remove Change Add Remove	MO.	Zelk, Mark	St. Augistine, FC 32084.
4) X Change Add Remove	ISO	Infante, Brett	2800 N. 649. Unit 1 St. Augustine, FL32084.
5) Change Add Remove			
6) Change Add Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here: (Be specific)	

The date of each amendment(s) add date this document was signed.	option;
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)

₩.	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 9/21/22
	Signature Jenunita Muse
	(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)
	Jennifer Grose
	(Typed or printed name of person signing)
	President
	(Title of person signing)