

N 23390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

WAIT

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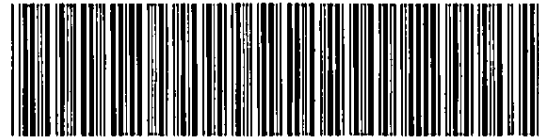
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

NOV - 1 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sablewood Property Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N23390

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherry McGuigan

Name of Contact Person

Sablewood Property Owners' Association, Inc.

Firm/Company

8486 SE Woodcrest Place

Address

Hobe Sound, FL 33455

City/State and Zip Code

sherryinfl@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry McGuigan

Name of Contact Person

at (772) 546-8543

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2018 OCT 25 PM 12:03
TALLAHASSEE, FL

Sablewood Property Owners' Association, Inc.

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

N23390

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 8554

Hobe Sound, FL 33475

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: Roger Halverson, CPA

1002 SE Monterey Common Blvd., Ste 102

(Florida street address)

New Registered Office Address:

Stuart

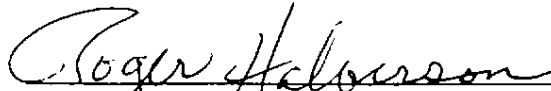
(City)

Florida 34996

(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)

N/A

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

Effective date if applicable: N/A
(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.
- ☐ 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 October 18, 2018

Signature Sherry McGuigan
(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)

Sherry McGuigan, Secretary
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)