N 23390

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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

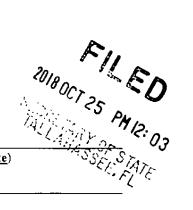
Area Code & Davtime Telephone Number

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



Sablewood Property Owners' Association, Inc.			14/1/11/200
(Name of Corporation	as curren	tly filed with the Florida Dept. o	f State)
N23390			`**/
(Docum	ient Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Profit Cor</i>	poration adopts the following
A. If amending name, enter the new name of the	corporat	ion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated" or the abl	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET 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 regis			ame of the
new registered agent and/or the new registere	•	·	
Name of New Registered Agent:	Roger Ha	Ilverson, CPA	
	1002 SE Monterey Common Blvd., Ste 102		
Nav Praintenad (Mias Address	(Florida street address)		
<u>New Registered Office Address:</u>	Stuart		34996
		(City)	, Florida
		(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing R			Carrier Call Control of the
I hereby accept the appointment as registered agent	i. i am ja	minar wun ana accepi ine ootigati 	ons of the position.
	160	In Italian	. .
	5	ignature 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	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	p	Diana Vidzes Jackson	8478 SE Woodcrest Place
Add			Hobe Sound FL 33455
Remove			
2) X Change	v	Ruth Bullard	8438 SE Woodcrest Place
Add			Hobe Sound FL 33455
Remove			
3) X Change	<u>s</u>	Sherry McGuigan	8486 SE Woodcrest Place
Add			Hobe Sound FL 33455
Remove			
4) X Change	Т	Carmen Mahannah	8309 SE Woodcrest Place
Add			Hobe Sound FL 33455
Remove			
5) Change	D	Chuck Cleaver	8430 SE Woodcrest Place
Add			Hobe Sound FL 33455
X Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
N/A		
		-
	····-	

	N/A		
The date of each amendment(s) adoption:		, if other than the
date this document was signed.	17.		
Effective date <u>if applicable</u> :	R/A		
<u>и прригавие</u> .	(no more than	n 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the		e applicable statutory filing requirements, this date will no ecords.	ot be listed as the
Adoption of Amendment(s)	(CHECK OF	NE)	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the memberoval.	ers and the number of votes cast for the amendment(s)	
There are no members or m adopted by the board of dir		on the amendment(s). The amendment(s) was/were	
October Dated	18, 2018		
Signature	Thurs Mc	Quiga	
have not	hairman or sice chairman been selected, by an inc urt appointed fiduciary b	on of the board, president or other officer-if directors corporator – if in the hands of a receiver, trustee, or by that fiduciary)	_
Sherr	y McGuigan, Secretary		
	(Type	ed or printed name of person signing)	
<	SERRETARY	(Title of person signing)	