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From:

Account Name : SOLOMON, COOPERMAN & RECONDO, LLP

Account Number : 120050000182 Phone : (305)861-8034 Fax Number : (305)938-6914

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HANSON PARK COMMUNITY ASSOCIATION, INC.

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To: 8506176381 . From: 3058618012

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HANSON PAR	K COMMUNITY ASSOC	CIATION, INC	C.
N24000001795 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Jeft Coopernan, Esq.			
	(Name of Contact Pe	rson)	
Solomon, Cooperman, Recondo, Shapiro, Abril,	LLP		
	(Firm/ Company	')	
1100 Brickell Bay Drive, Suite 5200			
	(Address)		
Miami, Florida 33131			
	(City/ State and Zip C	Code)	
Jeff@silip.com			
E-mail address: (to be	used for future annual rep	ort notification	n)
For further information concerning this matter, pl	ease call:		
Jeff Cooperman, Esq.	at	(305)	938-6909
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida L	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Address Amendment Section	Am	eet Address lendment Secti	
Division of Comorations	Div	rision of Como	orations

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HANSON PARK COMMUNITY ASSOCIATION, INC.			
(Name of Corporation as currently filed with the Florid	a Dept, of State)		· · · · · · · · · · · · · · · · · · ·
N24000001795			
(Document Nur	nber of Corporation (1	f known)	
Pursuant to the provisions of section 617.1006. Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not	For Profit Corporation adopts the	he following
A. If amending name, enter the new name of the corpor	ation:		
HANSON PRESERVE COMMUNITY ASSOCIATION, I	NC		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorpora	ited" or the abbreviation "Corp.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>		
C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)		X S	2025 F E B
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		da, enter the name of the	3-4 AM 9: 09
		€0 ₂₂	
New Registered Office Address:		(Florida strett address)	
	·····	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and acce	ept the obligations of the position	
	Signature of New Reg	distered Agent, if changing	

To: 8506176381 .

From: 3058618012

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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

mine and the mental of	,	, , , , , , , , , , , , , , , , , , , ,	
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	_T <u>itl</u> e	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
			

The date of each amendment(s) adoption: _______, if other than the date this document was signed. (no more than 90 days after amendment file date) Effective date if applicable: 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.

From: 3058618012

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To: 8506176381 .

To: 8506176381. . From: 3058618012

2/4/2025 2:32:02 PM p. 7 of 7

Davad	February 4, 2025
Dated	
Signatur	· All
	(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, trusiee, or other court appointed fiduciary by that fiduciary)
	••
	Adam Rule
	Adam Rule (Typed or printed name of person signing)
	(Typed or printed name of person signing)