N29989

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/21p/Fflorie #)
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18 JUN 25 PH 1: 46 SACRETARY OF STATE TALLAHASSEE, FLORIDA

JUN 2 6 2018

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:		on, Inc.		
N29989 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submi				
Please return all correspondence concerning this matter	to the following:			
Ryan C. Scarpa, Esquire				
	Name of Contact I	'erson)		
Block & Scarpa				
	(Firm/ Compar	ıy)		
1515 Indian River Boulevard, Suite A-220				
	(Address)			
Vero Beach, FL, 32960				
(City/ State and Zip	Code)		
E-mail address: (to be used	for future annual re	eport no	itification	
For further information concerning this matter, please of	:all:			
Ryan C. Scarpa	i	772		794-1918
(Name of Contact Person)				(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	rable to the Florida	i Depar	ment of S	itate:
S35 Filing Fee	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cambridge Park Homeowners Association, Inc.					
(Name of Corporation	as currently filed with the	Florida Dept. of State)			
N29989					
(Docun	nent Number of Corporation	(if known)	"		
Pursuant to the provisions of section 617.1006, Flor imendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida N</i> o	ot For Profit Corporation adop	ts the following		
A. If amending name, enter the new name of the	corporation:				
			The new		
name must be distinguishable and contain the word 'Company" or "Co." may not be used in the name		rated" or the abbreviation "Co	orp," or "Inc."		
3. Enter new principal office address, if applica					
Principal office address <u>MUST BE A STREET A</u>	<u>DDKE33</u>) 				
		•	70 6		
		·			
Enter new mailing address, if applicable:			ALL		
(Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)		- 5,7 2,		
		·	EO.		
			97		
). If amending the registered agent and/or regis	stered office address in Flo	rida, enter the name of the	E A		
new registered agent and/or the new register	ed office address:		,		
Name of New Registered Agent;	Ryan C. Scarpa, Esquire				
	Block & Scarpa, 1515 Indian River Boulevard, Suite A-220				
	(Florida street address)				
New Registered Office Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Vero Beach	Munida 32	2960		
	(City)	, Florida <u></u> <i>(Zip Coa</i>	le)		
New Registered Agent's Signature, if changing 1	•	·			
New Registered Agent's Signature, it changing is because of the appointment as registered agent		ccept the obligations of the pos	ition,		
		·e			
_	/CC.				
	Signature of New I	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.

Type of Action (Check One) Title Name Address 1) Change	Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
	Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Remove 2) Change				
AddRemove 3.)ChangeAddRemove 4.)ChangeAddRemove 5.)ChangeAddRemove				
Remove	2) Change			
Add	Add			
Add Remove 4) Change Add Remove 5) Change Add Remove	Remove			
	3) Change		_	
4) Change	Add			
Add	Remove			
Remove	4) Change		_	
5) Change	Add			
Add	Remove			
Remove	5) Change			
	Add			
	Remove			
	6) Chango			
6) Change Add				
Remove				

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	date of each amendment(s) adoption:	f other than the
	tive date if applicable:	
	(no more than 90 days after amendment file date)	
Not doc	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	isted as the
Ado	ption 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	
	Signature Donna Suffin	
	(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)	
	Donna Griffin	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	