N30460

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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Poinsettia Heights Civic Associate	ion	lac
document number: <u>N30460</u>		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Alex CHAZO	_	
(Name of Contact Person)	-	
(Firm/ Company)	-	
1500 NE 18 ST	_	
(Address)		
Fort Landerdele FL 33305	N -	
(City/ State and Zip Code)	0 10 10 10 10 10 10 10 10 10 10 10 10 10	an An
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For further information concerning this matter, please call:	- 02 P	
(Name of Contact Person) at <u>954</u> 6(0 6)24 (Area Code) (Daytime Telephone Number)	H 2: 2	ALS
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	110NS	
Enclosed is a check for the following amount made payable to the Florida Department of State:	<u>и</u> С	i

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy

Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

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

Articles of Amendment to
Articles of Incorporation
Poincettia Height Civic Association ?
(Name of Corporation as currently filed with the Florida Dept. of State) N 70460
(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 following ?? Amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
<u>"Company" or "Co." may not be used in the name</u>
B. Enter new principal office address, if applicable: AYE COULTO (Principal office address <u>MUST BE A STREET ADDRESS</u>)
1500 NEISS
Fort Landerdule FC 33305
C. Enter new mailing address, if applicable:
(Muiling address <u>MAY BE A POST OFFICE BOX</u>)
POBIX 4055
Fort Lembed 1. FL 33334
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 Agon: Alex Collato
SOO NEIST
(Florida street address)
New Registered Office Address: Fort Landedale EC33305
Florida
(City) (Zip Code)
<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Thereby access the appointment as registered agent. I am familiar with and heleft the obligations of the position.
Signature of view Registered Agent, if changing
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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)

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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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John L</u> <u>V</u> <u>Mike J</u> <u>SV</u> <u>Sally S</u>	ones	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) $\sum_{\text{Change}}^{\text{Change}}_{\text{Add}}$	Presiclent	Alex Collazo	Rea NE 18 ST Firthandericie FL 33355
Remove			<u>,</u>
2) Change Add			
3) Remove Change Add Remove	Resident	Authory McFann	HDT NE IETErrand
4) Change Add			
Remove			
57 Change Add			
Remove			
δ) Change Add			
Remove		Page 2 of 4	
E. <u>If amending o</u> (attach addition	er adding additional A nal sheets, if necessary)	rticles, enter change(s) here:	
		JA	

Page 3 of 4
he date of each amendment(s) adoption:, if other than the
tte this document was signed.
ffective date if applicable:
ffective date <u>if applicable</u> :
(no more than 90 days after amendment file date) (no more than 90 days after amendment file date) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seument's effective date on the Department of State's records.

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英 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 0

Signature

vice chairman of the board, president or other officer-if directors (By the chairman or have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other could appointed (fiduciary by that fiduciary)

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(Typed or printed name of person signing)

Preside

(Title of person signing)

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