N31001

	Req	uestor's Name)	
	Add	ress)	
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	City	/State/Zip/Phor	ne #)
PICK-UP		WAIT	MAIL
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Certified Copies		Certificate	es of Status
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SECRETARY OF SIGNIFICATION OF CORPORATION

JUL 0 6 2018

) MICHAIR

COVER LETTER

TO: Amendment Section Division of Corporations

Sabal I	Lakes Homeowners Association, Inc.	SHOW O
NAME OF CORPORATION:		1
N31001	•)
DOCUMENT NUMBER:		<u> </u>
The enclosed Articles of Amendment ar	nd fee are submitted for filing.	2 1411: 15
Please return all correspondence concern		
David D. Iglesias		
	(Name of Contact Person)	
Pestcoe & Iglesias, A Partnership of P.A	A.'s	
	(Firm/ Company)	
2500 Weston Road, Suite 209		
	(Address)	
Weston, FL 33331		
	(City/ State and Zip Code)	
E-mail addres	ss: (to be used for future annual report notification)	
For further information concerning this n	natter, please call:	
(Name of Co	ontact Person) (Area Code) (Daytime Telephone Number))
Enclosed is a check for the following am	ount made payable to the Florida Department of State:	
	Filing Fee & \$\Bigcup \\$43.75 \ Filing Fee & Certified Copy (Additional copy is enclosed) \$\Bigcup \\$52.50 \ Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Sabal Lakes Homeowners Association, Inc.

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

N31001

(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	e corporation:	
manus to Business to the state of the state	T	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	a "corporation" or "incorporated <u>e</u> .	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	
D. If amending the registered agent and/or regis	stered office address in Florida,	enter the name of the
new registered agent and/or the new register	·	
Name of New Registered Agent:	Pestcoe & Iglesias, A Partnership	o of Professional Associations
	2500 Weston Road, Suite 209	
New Registered Office Address:	(Flo	rida street address)
	Weston	. Florida 33331
	(City)	(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

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 <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Wei Yuan Teng	6620 Lake Worth Road
X Add			Suite F
Remove			Lake Worth, FL 33467
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
8	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 <u>5/22 /2018</u>	
	Dated 5/22/2018 Signature Kristi Eckert	_
	(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)	
	KRISTI ECKERT	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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