N35474

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SECRETARY OF STATE DIVISION OF CORECTALIONS

C.L.3/5

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KS COMMUNIT	Y ASSOCIATION, INC.
DOCUMENT NUMBER: N35474		
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
ROBERT COCHRAN		
	(Name of Contact Person)
COUNTRY CLUB OF SEBRING PR	OPERTY OWNE	RS ASSOCIATION, INC.
······································	(Firm/ Company)	
POST OFFICE BOX 739	95	
	(Address)	
SEBRING, FL 33872-01	07	
	(City/ State and Zip Code	e)
ccspoaboard@gn		
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
ROBERT COCHRAN	_{at (} 863	314-9337
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

PRAIRIE OAKS COMMUNITY ASSOCIATION, INC.

15 APR -9 AM 8: 16

(Name of Corporation as currently	filed with the Flo	orida Dept. of State)	
N35474		,	
	ment Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Profit Corporatio</i>	n adopts the following
A. If amending name, enter the new nam	ie of the corporat	ion:	
COUNTRY CLUB OF SEBRI	ING PROPE	RTY OWNERS ASSOCIATION	ON, INC. The new
name must be distinguishable and contain t "Company" or "Co." may not be used in t	the word "corpora		
		N/A	
B. Enter new principal office address, if (Principal office address MUST BE A STI)	
		<u></u>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O		N/A	
(muting uturess MAI BE A 1 OS1 O	TTCL BOX		
D. If amending the registered agent and			the
new registered agent and/or the new		address:	
Name of New Registered Agent:	N/A		
New Registered Office Address:		(Florida street address)	
	N/A		
		, Florida	Cin Code
	(City)		(Zip Code)
New Registered Agent's Signature, if cha	inging Registered	Agent:	d
I hereby accept the appointment as register	rea agent. I am fa	miliar wiin ana accepi ine ooligations of i	ne position.
		D :	
	Signature of New	Registered Agent, if changing	

Page 1 of 4

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	PT John De V Mike Jo SV Sally Si	ones	N/A
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add		<u></u>	
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
-				
· — — — — — — — — — — — — — — — — — — —	 :: :			

The date of each amendment(s) adoption: MARCH 25, 2015 date this document was signed.

Eff., if other than the SECRETARY OF STATE DIVISION OF CORPORATIONS

Effective date if applicable:

MARCH 25, 2015

(no more than 90 days after amendment file date)

15 APR -9 AM 8: 16

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.

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

MARCH 25, 201

Signature

(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)

ROBERT COCHRAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)