N37905

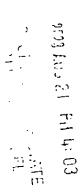
| (Requestor's Name) |
|---|
| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | states Association of C | Owners, Inc. | | |
|---|---|-----------------------|--|---|
| N37905 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee | are submitted for fili | ng. | | |
| Please return all correspondence concerning | this matter to the follo | owing: | | |
| Kim Herrington | | | | |
| | (Name of Co | ontact Person) | | |
| Fellwood Estates Association of Owners, Inc | ;. | | | |
| | (Firm/ C | Company) | | |
| 2760 Fellwood Ln. | | | | |
| | (Ad | dress) | | |
| Melbourne, FL 32904 | | | | |
| | (City/ State a | and Zip Code) | | |
| kimhbruins@gmail.com | | | | |
| E-mail address: (t | o be used for future ar | nnual report notifica | tion) | 7- |
| For further information concerning this matte | er, please call: | | | ن مور د د د لد |
| Kim Herrington | | 817 | 201-2592 | hone Number) |
| (Name of Contact | rt Person) | (Area Code | e) (Daytime Telep | hone Number) |
| Enclosed is a check for the following amount | made payable to the | Florida Department | of State: | 7 |
| S35 Filing Fee S43.75 Filing Certificate of | Fee & S43.75 Fil f Status Certified (Additional enclosed) | al copy is Cer (Ac | 2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed) | 3. E. |
| Mailing Address | | Street Addres | <u>s</u> | |

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

| Fellwood Estates Association of Owners, Inc. | | |
|---|--|-----------|
| (Name of Corporation as currently filed with the Flo | orida Dept. of State) | |
| N37905 | | |
| (Document | t Number of Corporation (if known) | |
| amendment(s) to its Articles of Incorporation: | a Statutes, this Florida Not For Profit Corporation adopts the fo | ollowing |
| A. If amending name, enter the new name of the cor | rporation: | |
| | | The new |
| name must be aistinguishable and contain the word—co <u>"Company" or "Co." may not be used in the name</u> . | corporation" or "incorporated" or the abbreviation "Corp," or | mc. |
| B. Enter new principal office address, if applicable: | 2760 Fellwood Ln. | |
| (Principal office address MUST BE A STREET ADDI | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 2760 Fellwood Ln. | |
| | Melbourne, FL 32904 | |
| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered o | | |
| Kin | im Herrington | ্রি ১১ |
| Name of New Registered Agent: | | |
| | (60 Fellwood Ln. (Florida street address) | |
| New Registered Office Address: | | , 13T |
| Mei | elbourne Florida 32904 F | <u> </u> |
| | (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I | istered Agent: I am familiar with and accept the obligations of the position. | |
| | 2 Al | |
| | 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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|-----------------------------------|------------------------------------|--|---------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | <u>T</u> | Sandi Silver | 2725 Fellwood Ln. Melbourne, FL 32904 |
| × Remove | | | |
| 2) Change X Add | T | Kim Herrington | 2760 Fellwood Ln. Melbourne, FL 32904 |
| Remove 3) Remove | | | |
| 4) Change Add | | | 7.53 |
| Remove 5) Change Add | | | 2 |
| Remove 6) Change Add | | | |
| Remove | | | |
| | | onal Articles, enter change(s) here: essary). (Be specific) | |
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| August 7, 2022 | |
| The date of each amendment(s) adoption: August 7, 2023 | , if other than th |
| date this document was signed. | |
| Effective date if applicable: August 7, 2023 | |
| (no more than 90 days after amendment file c | date) |
| | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requ | uirements, 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.

| 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 8/12/23 |
| Signature Ballon 1. So / Sus |
| (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) |
| Barbara Loftus |
| (Typed or printed name of person signing) |
| |
| Secretary |

(Title of person signing)

5893 it. 21 Fri 4: 03