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. (	Address)	
(.	Address)	
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PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	
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11/28/11--01009--006 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE T	or pine	HOMEOWNERS	ASSOCIATION, INC
DOCUMENT NUMBER: N40311			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following	g:	
STEVEN FULTS			
	ne of Contact Pers	son)	
		,	
	Firm/ Company)		<u></u>
S =	~		
35 MONO COUSE	(Address)		
PANACEA FI Z	27346		
· (City/	State and Zip Co	ode)	
FULT SI	E A	L. Com report notification)	
For further information concerning this matter, please	call:		
(Name of Contact Person)	at (	SV 321 -037 Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount made page	yable to the Flori	da Department of State:	
\$35 Filing Fee \$ \$43.75 Filing Fee & Certificate of Status		ee & \$\Bigsiz\$ \$\Bigsiz\$\$ \$\Bigsiz\$\$ \$\Bigsiz\$\$ Certificate of Status	
Mailing Address Amendment Section		Street Address	
Amendment Section Division of Corporations		Amendment Section	I

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment to
, , , A	articles of Incorporation
THE TAR PINE	II A FALL UPS ASSA INTICAL / THIC
	How Founds ASSOCIATION, TWC scurrently filed with the Florida Dept. of State)
(Name of Corporation as	S CUTTERITY THEY WITH THE FIOTILIA DEPL OF STATE)
(Document Number	er of Corporation (if known)
	ovide Statutos, this Elevide Nat For Profit Corneration adonts the
following amendment(s) to its Articles of Incorpo	ration: OF ME SALE RETURN & P
A. If amending name, enter the new name of the	he corporation:  ASSOCIATION INC.  TOTAL PROPERTY OF A SSOCIATION INC.
THE TARAINE HOM	NOUNES ASSOCIATION INC.
The new name must be distinguishable and contai	in the word "corporation" or "incorporated" or the abbreviation
"Corp." or " Inc." "Company" or "Co." may no	1 be used in the name.
3. Enter new principal office address, if applic	
Principal office address <u>MUST BE A STREET</u> .	ADDRESS)
	<u>~ ~ / . ~ </u>
	MA
	/
<ol> <li>Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE</li> </ol>	$=\frac{1}{2}\sum_{i=1}^{2}\sum_{j=1}^{2}\sum_{j=1}^{2}\sum_{i=1}^{2}\sum_{j=1}^{2}\sum_{i=1}^{2}\sum_{j=1}^{2}\sum_{j=1}^{2}\sum_{j=1}^{2}\sum_{i=1}^{2}\sum_{j=1}^{2}\sum_{j=1}^{2}\sum_{i=1}^{2}\sum_{j=1}^{2}\sum_{i=1}^{2}\sum_{j=1}^{2}\sum$
(Maiting dauress MAT BE A POST OFFICE	5 200 P
	MA 9
	~ · · · · · · · · · · · · · · · · · · ·
	- P/Q
). If amending the registered agent and/or reg	gistered office address in Florida, enter the name of the ered office address:
new registered agent and/or the new registe	ered office address:
Name of New Registered Agent:	WA 5
Name of New Registered Agem.	
	MA
New Registered Office Address:	(Florida street address)
THE IT IN CHIEF THE CONTROL OF THE C	$\mathcal{A}_{\Lambda}$
	(City), Florida (Zip Code)

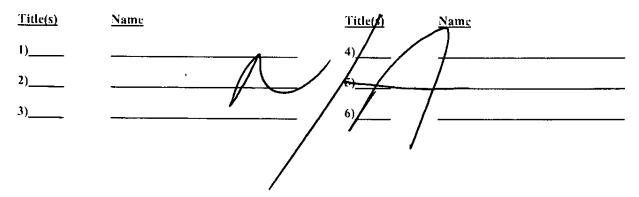
Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>	Address
1)		
2)		
3)		
4)		
5)	/—————————————————————————————————————	
6)		

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:



If amending or adding additional attach additional sheets, if necessal	ry). (Be specific			
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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
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 1/23/11 PRSIDET
(By Me 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)
STEVEN FULTS
(Typed or printed name of person signing)  ———————————————————————————————————
(Title of person signing)

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