N920000056

- Lummunity Assoc of Sandy Pointe - P.O. 18764 Jacksonville, FL 32229 -	700404968987	
(City/State/Zip/Phone #)	6. Li L. (111, 202	è e
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	Dolonigooss	23 MAR 21 - PM 5: 26

Community Association of Sandy Pointe

Date: 3/20/2023

To Whom It May Concern:

We are writing to advise that the upate that was made to Document number N9200000056 for the Community Association of Sandy Point on 3/18/2023 was not made by the community or the Board. The community and the board completed the annual update on 3/10/2023. The current Board Members for the Community Association of Sandy Pointe is President: Lillie Blackshear, VP/CP: Diana Mosley, Treasurer: Gloria Castor, Secretary: James Locklear.

Respectfully,

Community Association of Sandy Pointe

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Lillie Blackshear

Steven Johnson Notary Public State of Florida My Commission Expires 04/13/2025 Commission No. HH 98995

PO BON 48764 JACKSONATLLE, FL. 32229 EMAIL: CAOS ANDYPOINTE@ OUTLOOK.COM

Articles of Amendment
to
Articles of Incorporation
of

Community Association of Sandy Pointe, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N9200000056 (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 corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 11776 Tumbleweed Way B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Jacksonville, Fl. 32218 C. Enter new mailing address, if applicable: Post Office Box 18764 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, Fl. 32229-8764 D. If amending the registered agent and/or registered office address in Florida, enter the name of the 23 MAR 21 new registered agent and/or the new registered office address: Lillie Blackshear Name of New Registered Agent: 11776 Tumbleweed Way **;** · Hd H (Florida street address) New Registered Office Address: ပ္ 32218 Florida Jacksonville റ്റ (Zip Code) (City)

<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.

Cille. o Kaheur Signature of New Registered Agent, if changing

2.4

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 <u>PT</u> John Doe X Remove v Mike Jones X Add SV Sally Smith Type of Action Title Name Address (Check One) 1) _ Change Presiden Lillie Blackshear 11776 Tumbleweed Way Add Jacksonville, Fl. 32218 Remove 2) ____ Change Presiden Charles Tucker 1343 High Plains Dr North ___ Add Jacksonville, Fl. 32218 x Remove VP 3) ____ Change James Matchett 11783 High Plains Dr East __ Add Jacksonville, Fl. 32218 ____ Remove 4) _____ Change _____ Add VP/CP Diana Mosley 1358 High Plains Dr N Jacksonville, Fl. 32218 _ Remove 5) ____ Change Secretar Jacqueline Bevel 1347 Shearwater Dr Add Jacksonville, Fl. 32218 Kemove _ Change റ Secretar James Locklear 1371 Shearwater Dr × Add Jacksonville, Fl. 32218 ___ Kemove

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Title: Treasurer Gloria Castor 1364 Shearwater Dr Jacksonville, Fl. 32218

(no more than 90 days after amendment file da Note: If the date inserted in this block does not meet the applicable statutory filing require	
03/03/2023	
The date of each amendment(s) adoption:	if other than the
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Adoption 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.

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

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Dated	03/03/2023
Signature	L'illie Blackshean
0	(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)

Lillie Blackshear

(Typed or printed name of person signing)

President

. . .

, .

(Title of person signing)