N96000062474

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	\$35.	00

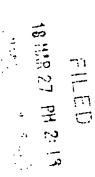
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	THE RIVER TOWN	HOUSE ASSOCIA	TION, INC.		
DOCUMENT MUMBER	N96000002474		•		
DOCUMENT NUMBER:					 -
The enclosed Articles of An	nendment and fee are subr	mitted for filing.			
Please return all corresponde	ence concerning this matte	er to the following:			
Kristen Hubler					
		(Name of Contact Po	erson)		
Premier CAM Services					
		(Firm/ Company	y)		
PO Box 152047					
		(Address)			
Cape Coral, FL 33915					
		(City/ State and Zip	Code)	_ 	,
admin@premiercams.net					
Е	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information conc	eming this matter, please o	call:			
Kristen Hubler		8(239	340-0740	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Num	iber)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida I	Department of S	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & (Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi s Certifi	O Filing Fee icate of Status ed Copy is ional Copy is sed)	

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

to Articles of Incorporation of .

Articles of Amendment

THE RIVER TOWNHOUSE ASSOCIATION, IN			
····	as curren	itly filed with the Florida	Dept. of State)
N96000002474			
(Docur	ment Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Pro</i>	offit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	<u>ion:</u>	
			The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		tion" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		3046 Del Prado Blvd S S	te IA2
(Principal office address <u>MUST BE A STREET A</u>		Cape Coral, FL 33904	and the same of th
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 152047	:: 60 27
		Cape Coral, FL 33915	, ,
			\$4.5 -
D. If amending the registered agent and/or registered agent and/or the new register			r the name of the
	_	CAM Services	
Name of New Registered Agent:			
	3046 DEI	Prado Blvd S Ste IA2	street address)
New Registered Office Address:		(* 15. 16.	
C		al	33904 , Florida
		(Ciṇ·)	(Zip Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen	Registered	Agent:	bligglions of the position
nereby accept the appointment as registered agen	u. I am jai	miliar with and accept the	ongulions of the position.
-	S	ignature 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>Mil</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	Р	STEVEN HANSEN	PO Box 152047
Add			Cape Coral, FL 33915
Remove			
2) X Change	<u>v</u>	CHERYL PARTIN	PO Box 152047
Add			Cape Coral, FL 33915
Remove	S/T	A DAVID PE YTON	PO Box 152047
3) X Change			Cape Coral, FL 33915
Add			Cape Cotal, FL 33913
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
F. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
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The date of ea-	ch amendment(s) adoption: _	, if	other than th
date this docum	ent was signed.		
Effective date			<u>. </u>
	(no	o more than 90 days after amendment file date)	
	te inserted in this block does no ective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be list of State's records.	sted as the
Adoption of A	mendment(s) (<u>C</u>	CHECK ONE)	
	iment(s) was/were adopted by sufficient for approval.	the members and the number of votes cast for the amendment(s)	
	no members or members entitle y the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were	
D	ated <u>3-/3</u>	··18	
S	gnature Am	Kansen	
	have not been selected other court appointed	ce chairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
	STEVEN	(Typed or printed name of person signing)	
	Pre sic	·	

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