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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	meowners Association			
N96000003034				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Bob Quinney				
·	(Name of Contact Per	rson)		
South Walk Homeowners Association				
	(Firm/ Company)	)		
124 South Walk Place				
	(Address)			
St Augustine, FL 32086				
	(City/ State and Zip C	Code)	<del></del>	
southwalkpresident@gmail.com				
E-mail address: (to be	used for future annual repo	ort notification	1)	
For further information concerning this matter, pl	ease call:			
Bob Quinney		904	347-6132	
(Name of Contact Pe		(Area Code)	(Daytime Telephone Num	ber)
Enclosed is a check for the following amount made	de payable to the Florida D	epartment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of Sta	e & \$\Bigsize \\$43.75 \text{ Filing Fee \delta}  atus Certified Copy  (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	

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

## Articles of Amendment to Articles of Incorporation of

South Walk Homeowners Association, Inc.					
(Name of Corporation	as current	ly filed with the Flor	rida Dept. of State)		<u> </u>
N96000003034					
(Docur	nent Numbe	r of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida Not Fo</i>	or Profit Corporation (	idopts the	following
A. If amending name, enter the new name of the $\sim 1 + \Delta$	e corporatio	on:			TI.
name must be distinguishable and contain the word	d "corporati	on" or "incorporated	d" or the abbreviation	"Corp."	_The new or "Inc."
"Company" or "Co." may not be used in the nam  B. Enter new principal office address, if applica	<u>e</u> . ible:	NIA			
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS )				
				22	2019
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BQX</u> )	NIA		7 P	
				75 67 75	2: 8
D. If amending the registered agent and/or regis	stered office	address in Florida.	, enter the name of th	P+	90
new registered agent and/or the new register			<del> </del>	_	
Name of New Registered Agent:	Robert Quinney				
	200 Michael Dr				
(Florida stre New Registered Office Address:		lorida street address)		<del>- · · · · · · · · · · · · · · · · · · ·</del>	
	St Augustine		, Florid	, Florida	
		(City)	(Zip	Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			the obligations of the	position.	
<u> 1</u>	ICC d		teral 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>M</u>	<u>hn Doe</u> ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	h.l.	Donald F. Edmunds	120 South Walk Place
Add X Remove			St Augustine, FL 32086
2) Change	Р	Robert Quinney	200 Michael Dr
X Add			St Augustine, FL 32086
3) Change	VP	Harold Sims	100 South Walk Place
Add X Remove			St Augustine, FL 32086
4) Change	VP	Jacque Mayo	212 Michael drive
X Add			St. Augustine, F1, 32086
Remove			
5) X Change	<u>T</u>	Jessica Allee	140 South Walk Place
Add Remove			St Augustine, FL 32086
6) X Change	<u>s</u>	Alison Murphy	237 Michael Drive
Add			St Augustine, FL 32086
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Architectural Board Members:
Jerry Price 242 Michael Dr, St Augustine, FL 32086
Steve Garris 208 Michael Dr, St Augustine, FL 32086
Charlotte Kelley128 South Walk Place, St Augustine, FL 32086
REMOVE: Alison Murphy 237 Michael Dr. St Augustine, Fl. 32086

Γhε	e date of each amendme	August 23, 2018	, if other than the
	this document was signe	· · · · · · · · · · · · · · · · · · ·	,
Eff	ective date if applicable:	August 23, 2018	
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Aug	ust 23, 2018	
	Signature	302	
	have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	R	obert Quinney	
	****	(Typed or printed name of person signing)	
	Þ	resident, South Walk Homeowners Association	
	_	(Title of person signing)	