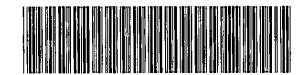
## N9400000 4876

(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
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Annd

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Quail Ridge Home Ov DN:	vners Association of L	ake County,	Inc.
DOCUMENT NUMBER:	N'99000004876			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Ashley Treadway				
	(	Name of Contact Pers	on)	
Quail Ridge Home Owners	Association of Lake Count	y, Inc.		
		(Firm/ Company)	<del></del>	
P.O. Box 906				
	-	(Address)		
Eustis, Florida 32727				
- A Marine	(	City/ State and Zip Co	de)	,
atrea76839@aol.com				/
E	-mail address: (to be used )	or future annual repor	t notification	1)
For further information conc	erning this matter, please c	all:		
Ashley Treadway			552	408-0924
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address			t Address	
Amendment Section		Amendment Section		
	f Corporations	Division of Corporations		
P.O. Box ( Tallahasse		on Building Executive C	Center Circle	
i ananasse	** 1 to 20217	2001	- NEGALITE C	and once

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.

(Name of Corporation as	currently filed v	vith the Florida Dept.	of State)	•
N99000004876				
(Document	Number of Corp	poration (if known)		
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Fla	orida Not For Profit Co	orporation adopts the following	3
A. If amending name, enter the new name of the co-	rporation:			
N/A			The new	•
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "	'incorporated" or the a	hbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	Ashley T	Freadway (President)		
(Principal office address MUST BE A STREET ADD	DECC \	Duail Ridge Circle	2 8 S	
	Leesburg	g, FL 34788	2 P	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	N/A		7 P	, הרכ
				-
D. If amending the registered agent and/or register	ed office addres	s in Florida, enter the	name of the	-
new registered agent and/or the new registered of		5 III I IOI IUA, CHICE THE	ualik Ol tik	
Name of New Registered Agent:	onna Guido (Vice	e President)		_
37	528 Quail Ridge	Circle		
<del>-</del>		(Florida street	address)	•
New Registered Office Address:				
Le	esburg		, Florida	_
	(Ciţv)		(Zip Code)	
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		h and accept the oblige	itions of the position.	
	mal	n. Huil		
	Signature o	of New Registered Agen	it, 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>	Name	<u>Addres</u> s
1) Change	VD	Guido, Donna	37528 Quail Ridge Circle
X Add			LEESBURG, FL 34788
Remove			
2) Change			
Add			<del> </del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
N/A		
<u> </u>		
·	<del>-, -</del> , -	
		· · · · · · · · · · · · · · · · · · ·
		***
	<del> </del>	
-		

			September 1, 2018	
The	date of each amen	dment(s) adoj	otion:	, if other than the
	this document was			
	ctive date <u>if applic</u>	Septen	aber 1, 2018	
			(no more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date will no rtment of State's records.	t be listed as the
Ado	ption of Amendme	nt(s)	(CHECK ONE)	
	The amendment(s) was/were sufficient		pted by the members and the number of votes cast for the amendment(s)	
	There are no membadopted by the boa		rs entitled to vote on the amendment(s). The amendment(s) was/were i.	
	Dated	9/1/2018		
	Signature	phy	69	
		By the chairm	an 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	
			pointed fiduciary by that fiduciary)	
		Ashley Tre	adway.	
		<u> </u>	(Typed or printed name of person signing)	
		President/F	Registered Agent	
			(Title of person signing)	