## 199000007198

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ADR 1/12/10

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cypress Bree	ze Plantation HOA, Inc.	
DOCUMENT NUM	BER: N99000007198		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	<del> </del>	nn Black	
	(Name of	f Contact Person)	
	Smith, Thompson	ı, Shaw & Manausa, P.A.	
<del></del>	(Firm	n/ Company)	
	3520 Thomas	sville Road, 4th Floor	
<del>1, 15 1 - 111</del>	(	Address)	
	Tallahasse	ee, Florida 32309	
	(City/ Sta	ate and Zip Code)	
•		@ambdev.com	
		ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Ann Black		at ( 850 ) 893-410	05 X 102
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section		Street Address Amendment Section	,
	ion of Corporations	Division of Corporati	ons
P.O.	Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

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SECRETARY OF STATE

· · · · · · · · · · · · · · · · · · ·	••		TALECRETA
Cypress Breeze Plantatio	n Homeowr	ners Association	IALLAHASSE State)
(Name of Corporation as curre	ently filed with t	the Florida Dept. of S	State)
N99	000007198		
(Document Nun	nber of Corporati	ion (if known)	
e following amendment(s) to its Articles of In		, this <i>Florida Not For</i>	Profit Corporation add
If amending name, enter the new name of	f the corporation	<u>n:</u>	
ne new name must be distinguishable and co breviation "Corp." or "Inc." "Company" o			ncorporated" or the
B. Enter new principal office address, if ap	nlicable:	310 Blount Stree	t, Suite 108
rincipal office address <u>MUST BE A STREE</u>		Tallahassee, Florida 32301	
Enter new mailing address, if applicable		P.O. Box 4013	
		Tallahassee, Flor	ida 32315
If amending the registered agent and/or r new registered agent and/or the new regis			enter the name of the
Name of New Registered Agent:	Susan S. Thompson		
	3520 Thomas	sville Road, 4th Fl	oor
New Registered Office Address:	(Flori	da street address)	<del></del>
	Та	llahassee	, Florida 32309
		(City)	(Zip Code)
ew Registered Agent's Signature, if changing the reby accept the appointment as registered sition.			cept the obligations of

Signature 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)

Title Nar	ne	<u>Address</u>	Type of Action
<u>.</u>			
E. If amending or a (attach additional	adding additional Articles, of sheets, if necessary). (Be	enter change(s) here: specific)	

The date of each amendmen	t(s) adoption: November 20, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) December 3, 2009
1 1 1 <b>4</b>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors te not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)