P010000 95047

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------|
| | | |
| (Ac | ldress) | |
| | | |
| | ldress) | |
| (AC | idiessj | |
| | | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| _ | _ | _ |
| | | |
| (Bu | isiness Entity Nam | e) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | _ | - |
| · . | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | j |
| | | |
| | | |





400365898814

05/14/21--01013--017 **35.00





COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Homeowners Assachon Margament Produced Document number: PO1000095047 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Many of Contact Person

Me DUNNES ASSOCIATION Management INC.

Firm/ Company

Green Way, Suite 2

Address

Address

Tallahosse, A 32307

City/ State and Zip Code DFfce my Homewwers. Net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

| Homeowers Associa | to marget | nut DNC. | |
|---|--|--|--------------------|
| | as currently filed with the Florid | da Dept. of State) | |
| | 00095041 | | |
| | nt Number of Corporation (if know | <u> </u> | |
| | • | | |
| Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation: | tatutes, this <i>Florida Profit Corpor</i> | ation adopts the following | amendment(s) t |
| A. If amending name, enter the new name of the corp | ooration: | | |
| | | | The new |
| name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered." "professional association." or the abbrevio | or "Co". A professional corpor | orated or the aboreviation ation name must contain | i Corp the word |
| B. Enter new principal office address, if applicable: | | | |
| (Principal office address <u>MUST BE A STREET ADDR</u> | ESS) | ဟ | 22 |
| | | — — —————————————————————————————————— | <u> </u> |
| | | | = 1 |
| C. Enter new mailing address, if applicable: | | A Hi | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | · | <u>~~~</u> | <u> </u> |
| | | | 3 (|
| | | | - |
| | | <u></u> | - |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | the name of the | |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| | (City) | (Lip Co | ode) |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a | tered Agent: im familiar with and accept the ob | ligations of the position. | |
| | , | | |
| | | | |
| | CAS DO NO 14 A 14 A 15 A 15 A 15 A 15 A 15 A 15 A | | |
| Signatu | ire of New Registered Agent, if cho | inging | |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

| X Change | PT John Doe | |
|-------------------------------|----------------------------|--|
| X Remove | <u>V</u> <u>Mike Jones</u> | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | Title Name VP OHN CDDY | Address Pin Ray 12-11- |
| 1) Change | 10HG CBC | P.O. Box 13565 Tathhassee, FL 32317 |
| Remove | | |
| 2) Change | | |
| Add | | |
| Remove 3) Change | | |
| Add | | |
| Remove | | |
| 4) Change | | |
| Add | | |
| Remove | | |
| 5) Change | | |
| Add | | |
| Remove | | |
| 6) Change | | |
| Add | | |
| Remove | | |

| , | onal Articles, enter vessary). (Be speci | ific) | | | |
|------------------------------|---|---------------------|----------------------|-------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| · | | | | | |
| | | | | | |
| | | | | | |
| | | . == | <u> </u> | | _ |
| | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | <u> </u> | |
| _ | | | | | |
| | | | | | |
| | <u> </u> | | | <u> </u> | - |
| | | | | | |
| | | | | | |
| <u> </u> | | | | · ::- | |
| | | | | | |
| f an amendment provides for | r an exchange recl | assification or car | ncellation of issued | shares. | |
| provisions for implementing | the amendment if | not contained in t | he amendment itse | <u>lf:</u> | |
| (if not applicable, indicate | e N/A) | | | | |
| | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | - | - | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u></u> | | | <u></u> | |
| | | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|--|---|
| date this document was signed. | |
| Effective date if applicable: 5/10/2021 | |
| (no more than 90 days after am | endment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records. | iling requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directo action was not required. | rs without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval. | es cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting gro must be separately provided for each voting group entitled to vote separately | ups. The following statement on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for | approval |
| by | |
| (voting group) | |
| Signature (By a director, president or other officer – if directors) | a con Olicono house not been |
| selected, by an incorporator – if in the hands of a rec appointed fiduciary by that fiduciary) | |
| Marcie CDDY (Typed or printed name of person | |
| (Typed or printed name of person | signing) |
| (Mesident | |
| (Title of person signing) | |

 $\Phi_{\mathbf{r}_{\mathsf{o}},\mathbf{r}_{\mathsf{o}}}(\mathbf{r}_{\mathsf{o}},\mathbf{r}_{\mathsf{o}}) = \Phi_{\mathbf{r}_{\mathsf{o}},\mathbf{r}_{\mathsf{o}}}(\mathbf{r}_{\mathsf{o}})$