# P200000 13762

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: HVL Property Management IVC.  BOCUMENT NUMBER: P 2 9 9 9 9 1 3 7 6 2
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
Name of Contact Person
HVL Property Mugut Inc.
P.O. Box 266
Indru Rocks Bd. FL 33785  City/ State and Zip Code
E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID W Joury at (20Z) 507-3000  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a cheek for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status    S43.75 Filing Fee & Certificate of Status

## Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

## Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

## **Articles of Amendment**

to
Articles of Incorporation

HVL Property Man	agement INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
77 ddddd 13.	167
(Document Number of	Corporation (if known)
•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	70
name must be distinguishable and contain the word "corporation," "co	The newThe newThe new
"Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A	professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	N/N
(Principal office address MUST BE A STREET ADDRESS)	
	· ·
C. Enter new mailing address, if applicable:	1/1
(Muiling address MAY BE A POST OFFICE BOX)	
•	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	/A 🔀 🛌
	50
(Florida stre	y mblross)
A / /	A
New Registered Office Address:	Florida (Vin Code)
'	
	Fig. 1
New Registered Agent's Signature, if changing Registered Agent:	> Pro
I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.
1	
1/1	4
· Signature of New Pa	gistered Agent, if changing
Signature tij New Ke	concrea Agem, ij cranging
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)

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	<u>PT</u>	John Doe	-
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Harbonview Lane Inc	19417 Gulf Blud CZO
Add			Indian Shares, FC 337
Remove 2) Change	P		•
_ <b>X</b> _ Add			19417 Gulf Blud Czoq: Indian Shores, FL 337
Remove 3) Change			· :
Add			<del></del> :
Remove			
4) Change			<u> </u>
Add			<del></del>
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

attach additional sheets, if necessary). (F	i, enter change(s) hi Be specific)	1		
		NIA		
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an amendment provides for an exchang	e. reclassification. a	or cancellation of	iccued chares	
rovisions for implementing the amendn	ient if not containe	d in the amendme	nt itself:	
(if not applicable, indicate N/A)	1	<del></del>		
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(n	more than 90 days after amendment file date)
Note: If the date inserted in this block does not r document's effective date on the Department of Sta	eet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHEC	CONE)
The amendment(s) was/were adopted by the incapaction was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	cholders. The number of votes east for the amendment(s) oval.
	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s).
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval
by	
(voting	тоир)
Dated_28 Feb	020
Signature 27 7	7
(By a director, presiden	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court hat fiduciary)
	ANID W LORCY
(Typ	ed or printed name of person signing)
Section	esures, Incorporator, Director
(Titi	of person signing)