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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Creative C	Choice Homes XII	, Inc
DOCUMENT NUMBER: P94000538	64	
The enclosed Articles of Amendment and fee are s		
•	Ū	
Please return all correspondence concerning this m	atter to the following:	
Evan Williams		
	Name of Contact Person	i
Creative Choice	Homes XII, Inc.	
	Firm/ Company	
5910 North Ocea	an Boulevard	•
	Address	
Ocean Ridge, Fl	orida 33435	·
-	City/ State and Zip Code	
ewilliams8686@gma	ail.com	
	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	•
Evan Williams	at (561	, 703-0785
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2012

EVAN WILLIAMS CREATIVE CHOICE HOMES XII, INC. 5910 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435

SUBJECT: CREATIVE CHOICE HOMES XII, INC.

Ref. Number: P94000053864

We have received your document for CREATIVE CHOICE HOMES XII, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is A94000000998 - CARILLON PLACE, LTD.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 712A00012522

CARILLON PLACE, LTD. 8895 North Military Trail Suite 101B

Palm Beach Gardens, Florida 33410

May 2, 2012

Irene Albritton, Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Creative Choice Homes XII, Inc.
Reference Number: P94000053864

Dear Ms. Albritton:

This letter shall confirm that Carrillon Place Ltd. and Carillon Place, Inc. are related entities with the same common ownership.

Please allow the name change to Carillon Place, Inc. as requested in the attached, amendments.

If you have any questions, please do not hesitate to contact me at (561) 703-0785.

Sincerely,

Carillon Place, Ltd.

By: Creative Choice Homes XII, Inc., genl partner

... of the state of the state of the By:

the control of the control of the control of the Evan Williams, President of the control of the

Articles of Amendment to Articles of Incorporation of

Creative Choice Homes XII, In	C.	
(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P94000053864		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the	corporation:	
Carillon Place, Inc.		The new
	vord "corporation," "company," or "incorporated" orp," "Inc," or "Co". A professional corporation nat the abbreviation "P.A."	or the abbreviation
B. Enter new principal office address, if applical		
(Principal office address MUST BE A STREET A)	DDRESS)	72
•	1-	SECRETA VISION OF
	·	
C. Enter new mailing address, if applicable:	•	8 2
(Mailing address MAY BE A POST OFFICE E	BOX)	7 RP 2
<u> </u>		
		3: 49
D. If amending the registered agent and/or regis	tered office address in Florida, enter the name of the	
new registered agent and/or the new registere		
Name of New Registered Agent	•	
		•
	(Florida street address)	
	(Pioriau sireei aaaress)	
New Registered Office Address:	, Florida	
	(City) (Zip)	Code)
N. D. M. IA. A. C. A. C. L. D.		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	legistered Agent: t. I am familiar with and accept the obligations of the p	osition.
Cionatura of	New Registered Agent, if changing	
signature of	wew negisierea Ageni, ij 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 <math>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	i			
<u>X</u> Add	<u>sv</u>	Sally Smith	1			
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ame</u>	·	<u>Addres</u> s	
1) Change Add Remove					·	
2) Change Add Remove						
3) Change Add Remove						
4) Change Add Remove						
5) Change Add Remove		_· _				
6) Change Add Remove		<u> </u>				

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
	,
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

í	
	The date of each amendment(s) adoption: April 16, 2012
	Effective date if applicable:
	(no more than 90 days after amendment file date)
	Adoption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	by
	(voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
,	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated April 16, 2012
	X
	Signature (1)
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Evan Williams
	Evan Williams (Typed or printed name of person signing)