731956

(Re	equestor's Name)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Kings Court	II Property Ow	ners Association, Inc.
DOCUMENT NUMBER: 731956		
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Hugh D. Gordon		
	(Name of Contact Persor	n)
Kings Court II Property C	wners Ass	ociation
	(Firm/ Company)	
2026 NW 89 Avenue		
	(Address)	
Pembroke Pines, Florida	, 33024	
	(City/ State and Zip Code	e)
chg009@comcas		
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please		
Hugh Gordon	954	<u>435-8338</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Section Amendment Section Corporations Division of Corporations 27 Clifton Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kings Court II Property Owners A	Association, Inc	_
(Name of Corporation as currently filed with the	he Florida Dept. of State)	
31956		_
(Document Number	r of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Sendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the	following
If amending name, enter the new name of the corp	poration:	
/A		The new
me must be distinguishable and contain the word "colompany" or "Co." may not be used in the name.	prporation" or "incorporated" or the abbreviation "Corp."	
Enter new principal office address, if applicable:	N/A	_
incipal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)	
		-
		-
Enter new mailing address, if applicable:	, N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) 11//4	_
		_
		-
If amending the registered agent and/or registere		
new registered agent and/or the new registered of	ffice address:	3
Name of New Registered Agent:		6 C7
		2
	(Florida street address)	13 OCT 21 AM 9:2
New Registered Office Address:		
	, Florida	——-//
	(City) (Zip Code	y Si
w Registered Agent's Signature, if changing Regis	stered Agent	,
	am familiar with and accept the obligations of the position.	
Signature o	f New Registered Agent, if changing	

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)		
N/A			
			<u> </u>
			
			<u> </u>
			
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