

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (350) 617-6380

From: Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20163000008
Phone : (850) 777-2091
Fax Number : (770) 220-1943

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 22 AM 9:29

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2018 OCT 22 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN
KINGSLEY CREEK HOMEOWNERS ASSOCIATION, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$43.75 |

OCT 23 2018

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KINGSLEY CREEK HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N18000001892

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER BADEN

(Name of Contact Person)

TRIAD PROFESSIONAL SERVICES

(Firm/ Company)

1720 WINDWARD CONCOURSE, SUITE 390

(Address)

ALPHARETTA, GA 30005

(City/ State and Zip Code)

JBADEN@TRIADPROS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER BADEN

(Name of Contact Person)

at

770

777-2091

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

KINGSLEY CREEK HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000001892

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

320 PASEO REYES DRIVE

ST. AUGUSTINE, FL 32095

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

320 PASEO REYES DRIVE

ST. AUGUSTINE, FL 32095

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NRAI SERVICES, INC.

1200 SOUTH PINE ISLAND ROAD

New Registered Office Address:

(Florida street address)

PLANTATION

Florida 33324

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NRAI SERVICES, INC.

Signature of New Registered Agent, if changing

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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; VP - 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 PTD 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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-------|-----------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | DP | BUDD, SHAWN | 2420 S. LAKEMONT AVENUE SUITE 450 ORLANDO, FL 32814 |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | SPT | MORRIS, LUCAS | 2420 S. LAKEMONT AVENUE SUITE 450 ORLANDO, FL 32814 |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | DVP | MORGAN, WILLIAM | 2420 S. LAKEMONT AVENUE SUITE 450 ORLANDO, FL 32814 |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | DP | BUDD, SHAWN | 320 PASEO REYES DRIVE ST. AUGUSTINE, FL 32093 |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | DV | MORGAN, WILLIAM | 2600 LAKE LUCIEN DRIVE SUITE 350 MAITLAND, FL 32779 |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | ST | MORRIS, LUCAS | 2600 LAKE LUCIEN DRIVE SUITE 350 MAITLAND, FL 32779 |

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

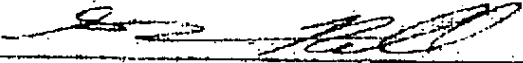
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/18/18

Signature 
(By the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Shawn Budd
(Typed or printed name of person signing)

President
(Title of person signing)

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