

9.25.09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** OakShine Estates Homeowners Assoc.

**DOCUMENT NUMBER:** N000000001710

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

Please return all correspondence concerning this matter to the following:

HECTOR NOVOA

(Name of Contact Person)

Community Management Resources

(Firm/ Company)

16453 Cedar Run Dr.

(Address)

Orlando, FL 32828

(City/ State and Zip Code)

HNOVOA@NOFAV.COM

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

For further information concerning this matter, please call:

HECTOR NOVOA

(Name of Contact Person)

at ( 321 ) 276-9706

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

Oakshire Estates Homeowners Association, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N00000001710

(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**)

16453 Cedar Run Dr.  
Orlando  
FL 32828

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 781334  
Orlando  
FL 32878-1334

**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:

Community Management Resources

New Registered Office Address:

16453 Cedar Run Dr.

(Florida street address)

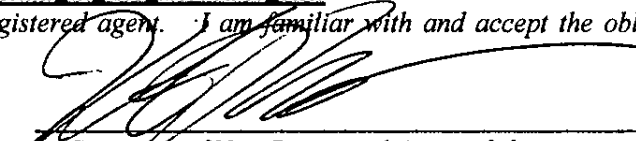
Orlando

(City)

Florida 32828  
(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.

  
Signature of New Registered Agent, if changing

FILED  
2009 SEP 24 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

Change address of each officer to:

(PD) Edward, Lopez - 14337 Oakshire Blvd, Orlando 32824

(VD) JUAN TOLEDO - 1017 adelphi LN, Orlando 32824

(TD) ALNULFO NIEVES - 14410 Oakshire Blvd, Orlando 32824

(SD) RENARD MANLEY - 920 Girard Dr., Orlando 32824

The date of each amendment(s) adoption: October 2, 2009

(date of adoption is required)

Effective date if applicable: October 2, 2009

(no more than 90 days after amendment file date)

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 09/17/09

Signature [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)

Edward Lopez  
(Typed or printed name of person signing)

PO  
(Title of person signing)