291895

	(Requestor's Name)	
	(Address)	
	(Address)	. <u> </u>
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Special Instruction	s to Filing Officer:	
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JUN 14 2013 R. WHITE

13 JUN 12 AN II:
ASEGRETARY OF STATEMENT AND SEFFE FLORE

COVER LETTER

TO: Amendment Section Division of Corporations

. ,

NAME OF CORPORATION: Inn of Lake City, Inc.		
DOCUMENT NUMBER: 291895		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Len Shannon		
	Name of Contact Person	1
Inn of Lake City		
PO Box 320009	Firm/ Company	
	Address	
Flowood, MS 39	9232-0009	
	City/ State and Zip Cod	e
LShannon@mmih	g.com	
	ed for future annual report	notification)
For further information concerning this matter, please call:		
Len Shannon	_{at (} 601	326-8165
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	urtment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 13 JUN 12 AN 11:59

Inn of Lake City, Inc.

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

291895

lment(s) to

(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
N/A	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
	-
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office as	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address: N/A	
New Registered Office Address.	, Florida
·	
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	ir wun ana accept the obugations of the position.
G: CY D	
Signature of New Registere	ea Agent, if 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 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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u>VS</u>	Micajah Sturdivant	1000 Red Fern Place
Add			Flowood, MS 39232
Remove			
2) Change			
Add			
Remove			
3) X Change	<u>P</u>	Gaines Sturdivant	1000 Red Fern Place
Add			Flowood, MS 39232
Remove			
4) X Change	D	Earle F Jones III	1000 Red Fern Place
Add			Flowood, MS 39232
Remove			
5) Change			No. The The Floridae State Sta
Add			
Remove			
6) Change			
Add			- Althory
Remove			

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
<u></u>	
	
	
F. If an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	,

The date of each amendment(s) a	doption: 6-3-2013
Effective date if applicable: 6-	-3-2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 6-3-2	Valend A And
(By a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)