N 3428

| (F | Requestor's Name) |
|------------------------|-------------------------|
| (<i>F</i> | Address) |
| | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (E | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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Office Use Only

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ECRETARY OF STATE
ALLAHASSEE, FL



September 28, 2018

DARCIE ENGLERT 1759 W. BROADWAY STREET SUITE 6 OVIEDO, FL 32765

SUBJECT: OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N34288

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 118A00020304

Darlene Connell
Regulatory Specialist II Supervisor



September 7, 2018

DARCIE ENGLERT 1759 W. BROADWAY STREET SUITE 6 OVIEDO, FL 32765

SUBJECT: OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N34288

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 018A00018561

COVER LETTER

TO: Amendment Section Division of Corporations

| Oak Forest Unit Eight NAME OF CORPORATION: | Homeowners' Association, Inc. | |
|--|---|-------|
| N34288 DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee are submi | itted for filing. | |
| Please return all correspondence concerning this matter | to the following: | |
| Darcie Englert | | |
| (| Name of Contact Person) | |
| American Home Team Realty, LLC | | |
| | (Firm/ Company) | |
| 1759 W. Broadway Street, Suite 6 | | |
| | (Address) | |
| Oviedo, FL 32765 | | |
| . (| City/ State and Zip Code) | |
| ddnscnglert@hotmail.com | | |
| | for future annual report nutification) | |
| | | |
| For further information concerning this matter, please c | क्षा. | |
| Darcie Englert | 407 359-9500 at | |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Nu | mber) |
| Enclosed is a check for the following amount made pay | able to the Florida Department of State: | |
| S35 Filing Fee \$\Bigcup \text{\$\frac{1}{2}\$}\$43.75 Filing Fee \$\&\Bigcup \text{\$\text{Certificate of Status}}\$ | | |
| 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 | |

FILED

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation | as currently filed with the Florida Dept. of State) | | |
|--|--|--|-------|
| N34288 | | | |
| (Docum | nent Number of Corporation (if known) | | |
| ursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation: | rida Statutes, this Florida Not For Profit Corporation add | pts the follow | ving |
| . If amending name, enter the new name of the | corporation: | | |
| | | The n | iew |
| ame must be atstinguishable and contain the word Company" or "Co." may not be used in the name | "corporation" or "incorporated" or the abbreviation "C | Torp." or "Inc | c. '' |
| Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u> | ble: | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | → E | I W |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ <u>~</u> 2 | |
| | | AF | -C |
| | | AS | U |
| If a man Alice of the section of the | | | 3 |
| new registered agent and/or registere | ered office address in Florida, enter the name of the | The state of the s | ب |
| Name of New Registered Agent: | | L'A | 39 |
| trame yetrew negatera ngem. | | | |
| <u> </u> | (Florida street address) | | _ |
| <u>New Registered Office Address:</u> | | | |
| - | (City) Florida (Zip Cod | | |
| | • | te) | |
| w Registered Agent's Signature, if changing Re | egistered Agent: | | |
| о вод посорі те прротітені из гедізіегей адені. | I am familiar with and accept the obligations of the pos | Hon. | |
| | | | |
| | | | |

Page 1 of 4

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.

| Example: X Change X Remove X Add | <u>V</u> <u>M</u> | ohn Doe ike Jones illy Smith | |
|----------------------------------|-------------------|------------------------------------|--------------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Address</u> |
| 1) X Change | Pres | Bryan Blakiey | 1759 W. Broadway Street, Ste 6 |
| Add | | | Oviedo, FL 32765 |
| Remove | | | |
| 2) x Change | VP | Dustin Makepeace | 1759 W. Broadway Street, Ste 6 |
| Add | | | Oviedo, FL 32765 |
| Remove | | | |
| 3) Change | BOD | Craig Wiedenhofer | 1759 W. Broadway Street, Ste 6 |
| Add | | | Oviedo, FL 32765 |
| Remove | | | |
| 4) Change | Treas | Joyce Rosteck | 1759 W. Broadway Street, Ste 6 |
| Add | | | Oviedo, FL 32765 |
| x Remove | | | |
| 5) Change | · | | |
| Add | | | |
| Remove | | | |
| i) Change | | | |
| Add | | | |
| Remove | | | |

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| The date of each amendment(s) adde this document was signed. | loption: | , if other than th |
|---|--|-------------------------------------|
| 9/1/2 Effective date <u>if applicable</u> : | 2018 | |
| meetic tate in applicable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the De | ick does not meet the applicable statutory filing requirements, partment of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were as was/were sufficient for approve | lopted by the members and the number of votes east for the ar | nendment(s) |
| There are no members or mem adopted by the board of directors | pers entitled to vote on the amendment(s). The amendment(s) ors. | was/were |
| Dated 17/1 | 118 1000 - | |
| Signature | of they | |
| (By the chair have not be | men or vice chairman of the board, president or other officer- in selected, by an incorporator – if in the hands of a receiver, | if directors trustee, or |
| other court a | appointed fiduciary by that fiduciary) | |
| | Enjoy 5. Tolkles (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | Trosider A | |
| | (Title of person signing) | |