272399

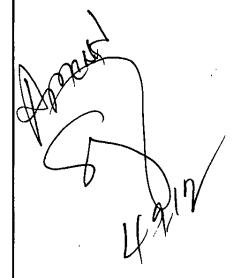
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		į
		!

Office Use Only



200227481962

04/09/12--01022--010 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Community ER: 272399	Trailer Park, In	<u>c.</u>
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Benjamin Y. Saxo	on II, Esq.	
•		Name of Contact Person	1
	SAXON & CHAK	HTOURA, P.A.	
		Firm/ Company	
	111 South Scott S	Street	
-		Address	
	Melbourne, FL 3	2901	
-		City/ State and Zip Code	2
tina	lgoins@aol.com		
		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Benjamin Y.	Saxon II, Esq.	at (321	727-2545
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	ertment 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)
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation

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

COMMUNITY TRAILER PARK, INC.

ent(s) to

(Documer	nt Number of Corporation (if known)	\$ 1.00 mg 1.00
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Prop</i>	it Corporation adopts the following amends
A. If amending name, enter the new na	me of the corporation:	
		The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A pro	ny," or "incorporated" or the abbreviati fessional corporation name must contain t
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
D. If amending the registered agent an		la, enter the na me of the
new registered agent and/or the nev		
Name of New Registered Agent	Christina L. Goins	
	635 E. Eau Gallie Boule	evard
	(Florida street address)	
New Registered Office Address:	Melbourne	, Florida 32937
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	panging/Registered Agent: ered agent. I am familiar with and acco	ept the obligations of the position.
Six	gnature of New Registered Agent, if char	nging

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	<u>PT</u> <u>.</u>	lohn Doe	
X Remove	<u>v</u> <u>1</u>	vlike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DTD	Michael A. Goins	635 E. Eau Gallie Boulevard Melbourne, FL 32937
2) × Change Add Remove	PTSD	Christina L. Goins	635 E. Eau Gallie Boulevard Melbourne, FL 32937
3) Change Add Remove			
4) Change Add Remove		<u> </u>	
5) Change Add Remove			
6) Change Add Remove			

E. <u>II</u> (t	Samending or adding additional Articulational Articulation additional sheets. if necessary).	les, enter change(s) here: (Be specific)	
N/	4		
F. <u>II</u>	an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancell dment if not contained in the a	ation of issued shares, mendment itself:
N/	4		
			· ———

The date of each amendment(s) a	Idoption: January 20, 2012
Effective date if applicable:	/A
Effective date in apparation.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
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.
☐ The amendment(s) was/were ap must be separately provided for	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 cas	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} April 2	2012
Dated 7 10 11 2	Kind J. Clams
(By a	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
арроп	nted fiduciary by that fiduciary)
	Christina L. Goins
	(Typed or printed name of person signing)
	President/Secretary/Treasurer
	(Title of person signing)