277048

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SECRETARY OF STATE
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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations STOUDENMIRE GROVES, INC NAME OF CORPORATION: ___ 277048 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TANE S. Schwartz
Name of Contact Person Stoudenmire Groves INC. P.O. Box 63
Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (770) 934-0608

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

PAUL& ELKIND, P.A. ATTORNEYS AT LAW



HARLAN L. PAUL †
DARREN J. ELKIND *
MATTHEW D. BRANZ ^
MICHAEL P. KELTON

†Board Certified Civil Trial Advocate *Board Certified Civil Trial Lawyer ^LLM in Elder Law 142 EAST NEW YORK AVENUE DELAND, FLORIDA 32724 PHONE 386-734-3020 FACSIMILE: 386-734-3096 505 DELTONA BOULEVARD SUITE 105 DELTONA, FL 32725 PHONE: 386-574-5634 FACSIMILE: 386-574-5665

REPLY TO: DeLand

August 2, 2011

Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Stoudenmire Groves, Inc.
Amendment to Articles of Incorporation

Dear Sir/Madam:

Enclosed please find the following items with regard to the above referenced corporation:

- 1. Stoudenmire Groves, Inc.'s check #1354 in the amount of \$35.00 made payable to Florida Department of State, representing the filing fee for amendments;
- 2. Completed Cover Letter form; and
- 3. Completed Articles of Amendment form.

Please contact my office if you have any questions or need additional information.

Yours very truly,

Harlan L. Paul/lim

HARLAN L. PAUL, ESQUIRE
Signed for Harlan L. Paul in his absence to prevent delay in mailing

HLP/ljm Enclosures (3)

Articles of Amendment to Articles of Incorporation of

FILED

	Or .		11	
STOUDENMILE (Name of Corporation as current) 277048	GROVES,1	NC,	11 AUG -4 PH 3::48	
(Name of Corporation as curren	tly filed with the I	<u>lorida Dept. of S</u>	tale CRETARY OF CT.	
277048	>		ALLAHASSEE, FLORIDA	
(Document Number	er of Corporation (if known)	AGIMOA.	į
·		•	· - ,	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, t	his <i>Florida Profi</i>	t Corporation adopts the foll	owing
A. If amending name, enter the new name of the	he corporation:			
			The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	lesignation "Corp,"	' "Inc," or "Co".	or "incorporated" or the A professional corporation	
B. Enter new principal office address, if applic	cable: /	080 Sta	denonire Kd	
(Principal office address MUST BE A STREET	ADD DECC)		EL 32724	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		O BOX 63 ELAND FI	32721-0043	
D. If amending the registered agent and/or reg	gistered office add	ress in Florida, e	nter the name of the	
new registered agent and/or the new registe	ered office address	<u>:</u>		
Name of New Registered Agent:	Aubrey	CARter	<u> </u>	
New Registered Office Address:	3815 Hw (Florida s	reet address)	<u> </u>	
_	Deland (City)	(2	, Florida <u>32724</u> Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as registered age			ne obligations of the position.	
(K	MICE			
Sign	nature of New Reg	istered Agent, if c	hanging	

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>	Type of Action
PR	LOUISE STOUDEN MIRE	409 Whitmarsh	
		DIAN PE 3272	Remove
PR.D	JANES, Schwartz	1900 KANAWHA DR. Stone Mountain GA	Add Remove
		30087	- M Kelliove
VPD	JANOS, Schwartz		☐ Add ☑ Remove
V P. D	Timlin Foster	1311 CANARY DR. DeLand Florida 3272	ADD O
E If amendi	ne or adding additional Articles, enter	chango(s) heret	
V V			
50	R. Aubrey Carter	3815 Hwy 11	A nod
5 D	GERALD Schwartz	3815 Hwy 11 De Land, Florida 3272 1900 LANGWHE De	A Remove
	,	Stone Mountain 6	A

	endment provides for an exchange, rec		
	is for implementing the amendment if it applicable, indicate N/A)	not contained in the amendment	itsell:
			·
			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>

The date of each amendmen	t(s) adoption:
Effective date if applicable:	(date of adoption is required)
interire date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	06-01-2011
(By sele	A director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	TANE S, SCHWARTZ (Typed or printed name of person signing)
	PRESIDEN T (Title of person signing)
	(Title of person signing)