## 387158

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON:Chiefland	d Golf and Coun	try Club, In	oc
DOCUMENT NUMBER	::	387158		
The enclosed Articles of A	I <i>mendment</i> and fee are su	bmitted for filin	g.	
Please return all correspon	dence concerning this ma	itter to the follov	ving:	
Rol	pert Beauchamp			
	uchamp and Edwards	Name of Cor	ntact Person	1
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	E-mail address: (to be us	sed for future an	nual report	notification)
For further information co	ncerning this matter, plea	se call:		
Robert Beauchamp		at (	352	
Name of C		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the F	lorida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fili Certified Co (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendn Division P.O. Bo:	Address nent Section of Corporations x 6327 see, FL 32314		Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Chiefland Golf and Country Club. Inc

7373 <u>(10</u>	20	D11	1.00	
of State)	L. 15		,, 00	•
		'		

(Name of Corporation a	s currently filed with the Florid	a Dept. of State)
	387158	i
(Document	Number of Corporation (if known	1)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corpora	tion adopts the following amendmen
A. If amending name, enter the new name of the corpo	ration:	
	_	The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corpora	rated" or the abbreviation "Corp.," tion name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	
	144 ,	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1	<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		he name of the
	<u></u>	
Name of New Registered Agent		
	(Florida street address)	
	· · · · · · · · · · · · · · · · · · ·	est. A s
New Registered Office Address:	(Cipy	Florida
		•
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent:	autions of the position
Thereby accept the appointment as registered agent. I am	jumitar with and accept the oping	ganons of the position.
		·
Signature	of New Registered Agent, if chan	ging

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = ChiefExecutive 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> John Doe X Remove $\underline{V}$ Mike Jones $\underline{X}$ Add SVSally Smith Type of Action Title <u>Name</u> <u>Address</u> (Check One) 1) \_X Change Robert J Beauchamp 105 E Park Ave \_\_\_\_ Add Chiefland, FL 32626 \_\_\_ Remove 2) \_\_\_\_ Change D Stoney Smith PO Box 1631 \_\_\_ Add Chiefland, FL 32644 Remove 3) Change \_\_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add \_\_ Remove

Attach additional sheets, if nec	essary). (Be:	nter change(s	<del></del>			
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f an amendment provides for provisions for implementing	an exchange, r	<u>eclassification</u>	n, or cancellat	ion of issued s	hares,	
(if not applicable, indicate	: N/A)	t ii not coman	neu m tre am	<u>inament itseli</u>	<u>:</u>	
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date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendmen	t file date)
<b>Note:</b> If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors withou	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
must be separately provided for (	roved by the shareholders through voting groups. The ach voting group entitled to vote separately on the action the amendment(s) was/were sufficient for approve	amendment(s):
		ai ,,
	(voting group)	
Dated	7/11/2000	
Signature	SIMBIND	
selected	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, trud fiduciary by that fiduciary)	eers have not been ustee, or other court
	ROBSE BENVEHRME	
-	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	