

721188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

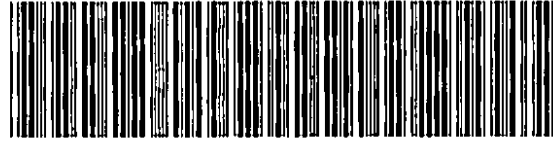
(Document Number)

Certified Copies _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2020

LARRY DOEL
OUTDOOR RESORTS AT ORLANDO, INC. A CONDO
9000 US HIGHWAY 192 #1000
CLERMONT, FL 34714-8299

SUBJECT: OUTDOOR RESORTS AT ORLANDO, INC., A CONDOMINIUM
Ref. Number: 721188

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 current name of the entity is as referenced above. Please correct your document accordingly.

A PRINTOUT AND AN ADDITIONAL PAGE HAS BEEN PROVIDED. PLEASE ONLY MAKE CHANGES THAT HAVE NOT OCCURRED AND COMPARE THEM TO THE PRINTOUT.

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

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00018459

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OUTDOOR RESORTS AT ORLANDO, INC

DOCUMENT NUMBER: 721188

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY DOEL

(Name of Contact Person)

OUTDOOR RESORTS AT ORLANDO, INC

(Firm/ Company)

9000 US HIGHWAY 192 #1000

(Address)

CLERMONT FLORIDA 34714-8299

(City/ State and Zip Code)

BOOKKEEPER@ORO-ORLANDO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY DOEL

863

424-1407

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

OUTDOOR RESORTS AT ORLANDO, INC., A Condominium

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

721188

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

LARRY DOEL

9000 US HWY 192 #1000

(Florida street address)

New Registered Office Address:

CLERMONT

(City)

Florida 34714

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>PAUL MEIKEL</u>	<u>9000 US HWY 192 #1000</u> <u>CLERMONT, FL 34714</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>DAVE BEAUDRY</u>	<u>9000 US HWY 192 #1000</u> <u>CLERMONT, FL 34714</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>ROBERT LORD</u>	<u>6 S.E. TERRACE</u> <u>NORTH RIVER SHORES</u> <u>STUART, FL</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>CHARLES MCMAHAN</u>	<u>14 EVANS ROAD</u> <u>NASHVILLE TN 37204</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>RANDALL HENDERSON, JR</u>	<u>312 PAGE ROAD</u> <u>NASHVILLE TN 37205</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>LARRY DOEL</u>	<u>9000 US HWY 192 #1000</u> <u>CLERMONT, FL 34714</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ADD-S-CINDY RYAN, 9000 US HWY 192 CLERMONT, FL 34714

ADD-D-DAN LIPPERINI, 9000 US HWY 192 CLERMONT FL 34714

ADD-S2-GEORGE TUTTLE, 9000 US HWY 192 CLERMONT FL 34714

ADD-T2-JIM KENNEY, 9000 US HWY 192 CLERMONT FL 34714

ADD-D-BOB MCNEELEY, 9000 US HWY 192 CLERMONT FL 34714

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:

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Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
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1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>TOM VAN HOVEN</u>	<u>9000 US HWY 192 #1000</u> <u>CLERMONT, FL. 34714</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ADD-D-TOM VAN HOVEN, 9000 US HWY 192 CLERMONT, FL. 34714

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

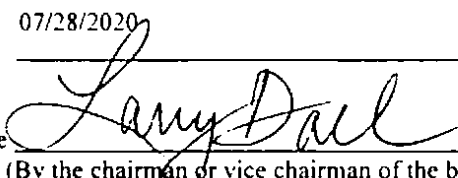
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 07/28/2020

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LARRY DOEL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)