## 731500

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE STATE ON CORPORATIONS

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2016

NOEL W. BEDSOLE 112 JANA CIRCLE AUBURNDALE, FL 33823

SUBJECT: MARIANNA PARK OWNERS ASSOCIATION, INC.

Ref. Number: 731500

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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 316A00004917

# Marianna Home Owner's Association<sub>AR 16</sub> AM 9:10 55+ Park 151 Bonnie Drive, Auburndale, FL 33823

March 14, 2016

Attention: Cheryl R McNair Regulatory Specialist II Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Letter Number 316A00004917

Ms McNair:

Please find the enclosed document with the correction requested.

Thank You for your attention to this matter.

Noel W. Bedsole MHOA President

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	wners Association, Inc.	<del></del>		Ĺ
731500 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Noel W. Bedsole				
	(Name of Contact Perso	n)		
N/A				
	(Firm/ Company)	,		*
112 Jana Circle				
	(Address)			
Auburndale, Florida 33823				
	(City/ State and Zip Cod	le)		
pamb7878@att.net				
E-mail address: (to be u	sed for future annual report	notification	)	
For further information concerning this matter, plea	ase call:			
Noel W. Bedsole	86 at	53	875-4466	
(Name of Contact Pers		rea Code)	(Daytime Telephone N	umber)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:	
\$35 Filing Fee  \$43.75 Filing Fee Certificate of State	& \$\subseteq\$\$ \$\\$43.75\$ Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

Marianna Park Owners Association, Inc.

iviai iainia Faik Owners Association, inc.		77
(Name of Corporation as curr	ently filed with the Flori	da Dept. of State)
731500		,^^
(Document Nur	mber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
N/A		Ti
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	The new " or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>(3</u> )	
	<del> </del>	
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 of new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent: N/A		
New Registered Office Address:	(Flo	orida street address)
N/A		Plonido
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere		•
I hereby accept the appointment as registered agent. I am	familiar with and accept i	the obligations of the position.

Signature of New Registered Agent, if changing

### 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	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>s</u>	Carole Butler	133 Bonnie Dr.
X Add			Auburndale Flordia
Remove			33823
2) Change		<del> </del>	
Add			
Remove			
3 ) Change			1.00
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change	***************************************		
Add			
Remove			

(attach additional sheets, if necessary).	(Be specific)	•			
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The data of each encoder	N/A	if ash an shan sha
The date of each amendment date this document was sign	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applicable	N/A	
епесиче насе <u>и аррисаот</u>	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	listed as the
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )	
The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) r approval.	
There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
03 Dated	/01/2016	
Signature	NoelW Celole	
hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	Noel W. Bedsole	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	