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Amendicis

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: FOX MEADOW HOME OWNERS ASSOCIATION OF CHAIA, INC. DOCUMENT NUMBER: __761507 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOUIS J. GAHR
(Name of Contact Person) Time Management of Ocala, LLC
(Firm/Company) P. O. Box 3365
(Address) BELLEVIEW FL, 34420 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ScoTT Binegar, Vice President at 352-425-2974

(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: \$35 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	of
	Dwners Associate of Ocala, ING
•	· •
	er of Corporation (if known)
	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	Vine Management of OXALA, ixe
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	309 Marion Oaks Course
	Ocala, FL 34473
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Vine Management of QALA, LLE
	PO BOX 3305 =
	Belleview FL, 34420
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: VINE	management of Ocara, LIC
	Marion Daks Crs, Oxala FL 34473 (Florida street address)
<u>New Registered Office Address:</u>	\sim
	CALA , Florida 3 44 73 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent:
	is A Hohr
Si	gnature 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 I V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2) Change			
Add			
Remove		1	· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			
Remove			
4) Change	/	, 	
Add			
Remove			
5) Change			·-
Add			
Remove			
() Chause			
6)Change			
Add			
Remove		Page 2 of 4	

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The date of each amendment(s) adop	otion:	15	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	7/1/15		
	(no more than 90 days after amen	idment file date)	
Note: If the date inserted in this block document's effective date on the Depart		filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop was/were sufficient for approval.	eted by the members and the number o	of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s)). The amendment(s) was/were	
Dated	/24/2015		
Signature Lott	A. Binegar		
have not been	in or vice chairman of the board, presi- selected, by an incorporator – if in the pointed fiduciary by that fiduciary)		
<i>S</i> c	(Typed or printed name of	<u></u>	
	(Typed or printed name of	f person signing)	
Fo	x Meadow HOA (Title of perso	Vice President	
	(Title of perso	n signing)	