

765167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

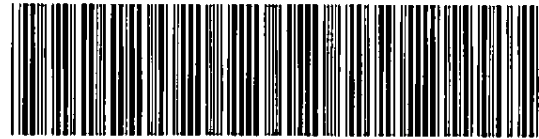
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/23/18--01022--010 \*\*35.00

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18 JUN 13 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
S. YOUNG  
JUN 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2018

DELOACH & PETERSON, PLLC  
PO BOX 428  
NEW SMYRNA BEACH, FL 32168

SUBJECT: MISSION OAKS OWNERS' ASSOCIATION, INC.  
Ref. Number: 765167

We have received your document for MISSION OAKS OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 718A00011186

RECEIVED  
18 JUN 13 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

**DELOACH & PETERSON, PLLC**

ATTORNEYS AT LAW

418 CANAL STREET  
POST OFFICE BOX 428  
NEW SMYRNA BEACH, FL 32170  
(386) 428-2464  
FAX (386) 423-9967

J. BOYD DELOACH  
SID C. PETERSON II  
PHILIP B. PETERSON  
JAMES C. PETERSON  
MATTHEW E. PETERSON

JAMES R. PROVENCHER  
OF COUNSEL



May 23, 2018

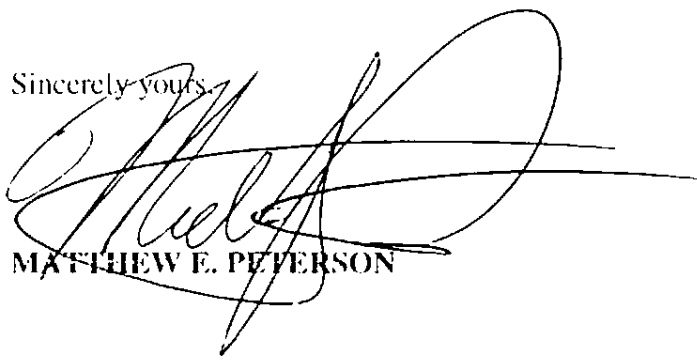
**Amendment Section**  
**Division of Corporations**  
P o Box 6327  
Tallahassee, FL 32314

RE: Mission Oaks Owners' Association, Inc.  
Document Number 765167

Dear Clerk:

In regard to the above-referenced, enclosed please find an amendment to principal office address and a change to the officer/directors, along with the firm's check in the amount of \$35.00 for processing the amendment. Once recorded please return them to this office in the self-addressed, stamped envelope provided.

Sincerely yours,

  
MATTHEW E. PETERSON

MEP/emt

Enclosures

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MISSION OAKS OWNERS" ASSOCIATION, INC.

DOCUMENT NUMBER: &C%!C& 765167

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

Please return all correspondence concerning this matter to the following:

Matthew E. Peterson, Esquire

(Name of Contact Person)

DeLoach & Peterson, PLLC

(Firm/ Company)

418 Canal Street

(Address)

New Smyrna Beach, Florida 32168

(City/ State and Zip Code)

mpeterson1986@gmail.com

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

For further information concerning this matter, please call:

Matthew E. Peterson

(Name of Contact Person)

at 386-428-2464

(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

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

previously  
sent.

**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  
to  
Articles of Incorporation  
of

MISSION OAKS OWNERS" ASSOCIATION, INC.

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

765167

(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:

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)

2095 Porto Boulevard

New Smyrna Beach, Florida 32168

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2002 Porto Boulevard

New Smyrna Beach, Florida 32168

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

*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.*

Example:

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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Page 2 of 4

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

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

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ 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 5-23-18

Signature

Laura Lietuwnikas

(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)

Laura Lietuwnikas

(Typed or printed name of person signing)

President

(Title of person signing)