

765167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

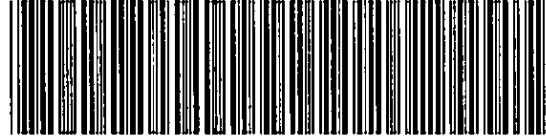
(Document Number)

Certified Copies _____ Certificates of Status _____

3/18/21

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Office Use Only



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01/04/21--01015--008 **35.00

S TALLENT

APR 12 2021

2021 APR 15 AM 5:23

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2021

LINDA HOLBROOK
2002 PORTO BLVD
NEW SMYRNA BEACH, FL 32168

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

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):

TO ADD AN OFFICER/DIRECTOR IS CONSIDERED AN AMENDMENT.
PLEASE COMPLETE THE ATTACHED NOT FOR PROFIT AMENDMENT
FORM IN THE YELLOW HIGHLIGHTED AREAS AND RESUBMIT.

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: 421A00005134

RECEIVED
2021 MAR 18 PM 5:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2021

LINDA HOLBROOK
MISSION OAKS OWNERS' ASSOCIATION, INC.
2002 PORTO BLVD
NEW SMYRNA BEACH, FL 32168

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

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 form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

PLEASE NOTE THAT THE CHANGES HAVE BEEN MADE ON LINE.

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: 521A00003231

MISSION OAKS OWNERS ASSOCIATION, INC
A NOT FOR PROFIT ORGANIZATION
2002 PORTO BLVD
NEW SMYRNA BEACH, FL 32168
email:missionoakscondoassoc@gmail.com

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Corporate Records
P.O BOX 6327
Tallahassee, FL 32314

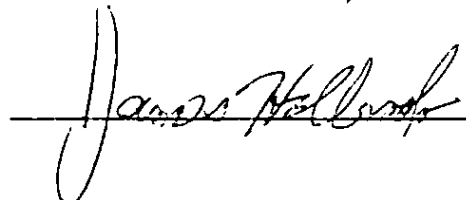
Re: Document #765167

To Whom This May Concern,

February 19, 2021

In reference to this letter recieved, I did NOT wish to make any Amendments.
I only wanted to "ADD" a Newly Elected Board Of Director to our Staff of Board
Members which was Laddie Duchon of 2079 Porto Blvd. N.S.B, FL 32168
Nothing more than that. If I should need more than I have stated on this form, please
make it clearer as to what needs to be submitted only. You can always respond
quicker by using our email listed above.

Thank You,

 2-19-21 President

 2-19-21 Sec/Treas

lhh

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mission Oaks Owners Association, INC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Holbrook
Name of Person

Mission Oaks Owners Association, Inc
Firm/Company

2002 Porto Blvd
Address

New Smyrna Beach, FL 32168
City/State and Zip Code

MISSIONOAKScondoassoc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Holbrook at (386) 423-0119
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status
\$ 35.00 | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration 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

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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)

_____, Florida
(City) (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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|----------------------|--|
| 1) <u>X</u> Change
<u>X</u> Add

____ Remove | <u>D</u> | <u>LADDIE DUCHON</u> | <u>2079 PORTO BLVD</u>
<u>N.S.B, FL 32168</u> |
| 2) ____ Change
____ Add

____ Remove | _____ | _____ | _____ |
| 3) ____ Change
____ Add
____ Remove | _____ | _____ | _____ |
| 4) ____ Change
____ Add

____ Remove | _____ | _____ | _____ |
| 5) ____ Change
____ Add

____ Remove | _____ | _____ | _____ |
| 6) ____ Change
____ Add

____ Remove | _____ | _____ | _____ |

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

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

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.

☒ 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 March 16, 2021

Signature Linda Holbrook

(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)

LINDA HOLBROOK
(Typed or printed name of person signing)

SEC/TREAS
(Title of person signing)