

L11000104911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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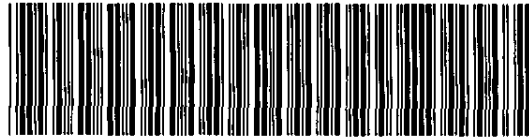
(Business Entity Name)

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OCT 23 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 783022 7849061

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : August 30, 2013

ORDER TIME : 9:26 AM

ORDER NO. : 783022-010

CUSTOMER NO: 7849061

DOMESTIC AMENDMENT FILING

NAME: PARADISE LAND AND HOMES
HOLDING LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

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PARADISE LAND AND HOMES HOLDING LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|---------------------|--|
| MGRM | BARBARA C OLIVER | 1077 COLLIER STREET | <input type="checkbox"/> Add |
| | | AUGUSTINE FL 32085 | <input checked="" type="checkbox"/> Remove |
| MGR | BARBARA C MCCLAIN | 1077 COLLIER STREET | <input checked="" type="checkbox"/> Add |
| | | AUGUSTINE FL 32085 | <input type="checkbox"/> Remove |
| MGRM | KENNETH A MCCLAIN SR. | 1077 COLLIER STREET | <input checked="" type="checkbox"/> Add |
| | | AUGUSTINE FL 32085 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Paradise Land and Homes Holding LLC. address
change: 701 East Street mailing address:
Hastings, FL 32145 P.O. Box 112
Hastings, FL 32145

Dated October 18, 2013, 2013.

Barbara C. McClain

Signature of a member or authorized representative of a member

MANAGING MEMBER Barbara C. McClain

Typed or printed name of signer

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Filing Fee: \$25.00

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