N01000001183

(Re	equestor's Name)	
(A)	(dama)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(55	omboo Emily Han	
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
		-
Special Instructions to	Filing Officer:	

Office Use Only



700210265577

08/09/11--01005--003 **35.00

AUG 0 9 2011

EXAMINER

Address City/State/Zip Phone #	154	·	
	l l		
CODDODATION NAME(S) & DOCU	MENIT NIIMI		ffice Use Only
1. Tombolai All (Corporation Name) 2. (Corporation Name) 3. (Corporation Name)	Mation Associ	ocument #)	tates n Dni
4.			
(Corporation Name)	(D	ocument #)	
Walk in Pick up time	~~		Certified Copy
Mail out Will wait	Photoco	ору	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Resig	ndment nation of R.A. ge of Registere lution/Withdra	
OTHER FILINGS	REGISTI	RATION/QUA	ALIFICATION
Annual Report Fictitious Name		ed Partnership tatement mark	
			Examiner's Initials

Articles of Amendment to Articles of Incorporation of

JUMBOLAIR AVIATION ESTATES OWNERS ASSOCIATION, INC.

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

(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 c	corporation:			
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.		orporated" or th	11 AUG	- 11
B. Enter new principal office address, if applicabl	e:	•	<u>}</u>	FILED
(Principal office address MUST BE A STREET AD	DRESS)		EEC #	0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or registe new registered agent and/or the new registered Name of New Registered Agent:	red office address in Florida, en	ter the name of th	AUG-9 AHIO: 40 ANIASSEE, FLORIDA	
		_ ,		
New Registered Office Address:	(Florida street address)			
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Reg	zistered Agent:			
I hereby accept the appointment as registered agent position.		ot the obligations	of the	
Signatu	re of New Registered Agent, if cha	nging		

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DVST	STEVEN GRANTZ	8590 NE 16th TERRACE OCALA, FLORIDA 34479	☐ Add ☐ Remove
DVST	FRANK MERSCHMAN	8520 NE 19th AVENUE OCALA, FLORIDA 34479	. ☑ Add □ Remove
			Add Remove
	g or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		
		,	

The date of each amendment(s)	adoption: August 4, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated Avg.	st4, 2011
Signature	A-7-7-
have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, or burt appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)