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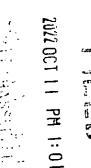
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

OCEAN NAME OF CORPORATION:	SIDE R.V. PARK OWNER'S ASSOCIATION, INC.
N010000020	57
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Patricia J Click	
	(Name of Contact Person)
Oceanside R.V. Park Owner's Associatio	n 
	(Firm/ Company)
18 East Bradley St # 16	
	(Address)
Destin FL 32550	
	(City/ State and Zip Code)
oceansidervparkhoa@gmail.com	
E-mail address	: (to be used for future annual report notification)
For further information concerning this n	atter, please call:
Patricia Click	850 855-7223 at
(Name of Co	ntact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
	ding Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy Certificate of Status (Additional copy is cnclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

2022 OCT 11 PM 1: 01

OCEANSIDE R.V. PARK OWNER'S ASSOCIATION, INC.

(Name of Corporation as currently filed with	the Florida Dept. of State)
N01000002057	TELL AHASSET 12
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:
	The new
name must be distinguishable and contain the w "Company" or "Co." may not be used in the no	ord "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ame.
B. Enter new principal office address, f appl	
(Principal office address MUST BE A STREE)	<u>raddress</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)
<ul> <li>If amending the registered agent and/or renew registered agent and/or the new regis</li> </ul>	egistered office address in Florida, enter the name of the
new registered agent and/or the new regis	ered office address.
<u>Name of New Registered Agen</u>	<u></u>
	(Florida street address)
New Registered Office Addre	·
	. Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changin Thereby accept the appointment as registered ag	g Registered Agent: tent.—I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

and address of each Offi (Attach additional sheets, Please note the officer/dir P = President: V = Vice P	cer and/or Direct if necessary) vector title by the fi resident; T= Trea : Chief Financial (	irst letter of the office title: surer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more than	nee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporation	n, Sally Smith is named the V and S. These sh	ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	<u>D</u>	LYNN HOLDRIDGE	18 EAST BRADLEY #16 DESTIN FL 32550
x Remove			<del></del>
2) Change Add	<u>D</u>	STEVEN COMBS	18 EAST BRADLEY #16 DESTIN FL 32550
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<del></del>
E. If amending or addi (attach additional she	ng additional Art ets, if necessary).	ticles, enter change(s) here: (Be specific)	
			<del></del>

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The date of each amendment(s) adopti	n:	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 do document's effective date on the Departn	es not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated 56+	r vice chairman of the board, president or other officer-if directors
have not been sele	cted, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)
Patricia Click	
	(Typed or printed name of person signing)
DIRECTOR	
	(Title of person signing)

ZUZZ OCT | | PM |: 01