

NO1000005088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

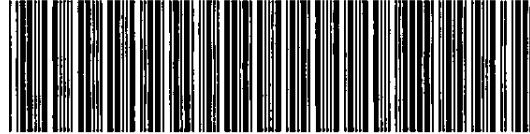
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Gracie gave
Isasi permission to
Add Dated Adoption
& correct old
& new corp.
names.

Office Use Only

02/15/16



600281059596

600281059596
01/20/16--01008--009 **43.75

16 FEB 15 AM 10:11
FEB 15 2016

W. Connell

N/C &
Attend.

FEB 15 2016

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2016

GRACIE ISASI
23 PRYOR LANE
LAKE PLACID, FL 33852

SUBJECT: SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC.
Ref. Number: N01000005088

We have received your document for SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC. and your check(s) totaling \$43.75. 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.

Carol Mustain ✓
Regulatory Specialist II

Letter Number: 016A00001234

RECEIVED
16 FEB - 1 PM 2:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

GRACIE ISASI
23 PRYOR LANE
LAKE PLACID, FL 33852

SUBJECT: SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC.
Ref. Number: N01000005088

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Darlene Connell
Regulatory Specialist III

Letter Number: 216A00002695

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Sunburst Mobile Home Owners Assn, Inc
DOCUMENT NUMBER: NO1000005088

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

Please return all correspondence concerning this matter to the following:

Gracie Tsasi
Name of Contact Person

Firm/ Company ✓

23 Pryor
Address

Lake Placid, FL. 33852
City/ State and Zip Code

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

For further information concerning this matter, please call:

NoREEN Mudge at (845) 887-5465
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

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

SUNBURST MOBILE HOME OWNERS ASSOCIATION, INC.

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

N01000005088

(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:

SUNSHINE HOME OWNERS ASSOCIATION, INC.

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

16 FEB 15 AM 10:11
F.A. 201
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/20/2011 BY 60322
UCBA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|-------------------|---|---|
| 1) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Gracie Isasi</u> | <u>23 Pryor Ln</u>
<u>Lake Placid, FL</u>
<u>33852</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>P</u> | <u>Gracie Asisi</u> | <u>23 Pryor Ln</u>
<u>Lake Placid, FL</u>
<u>33852</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |

(attach additional sheets, if necessary) (be specific)

The date of each amendment(s) adoption: 01/13/16, 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 1/14/16

Signature Graciella M. Isasi
(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)

GRACIELLA M. ISASI
(Typed or printed name of person signing)

PRESIDENT-
(Title of person signing)