## NO200000 195

(Requestor's Name)				
(Address)				
(Addi	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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2019 JANI 16 AM 10: 2 SECREPT A SEPTE

R. VENTE 114 2 2 2 1

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: N02000000195 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: address: (to be used to future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status

(Additional Copy is Enclosed)

Certified Copy

## Articles of Amendment to Articles of Incorporation

FILED

Articles	of Incorporation of	V I has them that
Lake B	essiola Land	2019 JAN 6 AM 10: 21
(Name of Corporation as curren	tly filed with the Florida De	pt. of state)
N0200	0000195	IALLAHASSEE, FL
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profi</i>	t Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
name must be distinguishable and contain the word "corporat	ion" or "incorporated" or th	The new se abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	•	
B. Enter new principal office address, if applicable:	X 17225 SE	79th Street Rd. ha FL 32179
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Ocklawa	ha FL 32179
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	X NA	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		he name of the
Name of New Registered Agent: X	Eorge B.DeWi	tt, Jr.
1722	25 4£ 79 m 5tree	t Rd.
New Registered Office Address:	,	
<u>Uck</u>	lawaha (City)	Florida
New Registered Agent's Signature, if changing Registered	Agent:	<b>.</b>
I hereby accept the appointment as registered agent. I am fai	niliag with and accept the obl	gations of the position.
Si	gnivere of New Registered As	gent, 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:  X Change X Remove X Add	PT         John E           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	PD	George Albright III	Po Box 832003 Ocala, FL 34483
2) Change Add Remove	<u>SD</u>	Justin Albright	Po Box 832003 Ocala, FL 34483
Remove  3 ) Change  Add Remove	TD	David Albright	<u>Po Box 83</u> 2003 Ocala, FL 34483
4) Change Add Remove	PD	Garge TelVitt	17225 SE79 MST. RD. Odlanaha, FL 32179
5) Change Add Remove	50	Patrick J. Quade	PO Box 658 ocklawahr, F1 32183
6) Change Add	TD	JOHN A. OSBORNA	17351 SE 79464 Rd Ocklawe ha, FL
Remove		Page 2 of 4	32/79

	date of each amendment(s) adoption this document was signed.	n: <u>NA</u>	, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
	e: If the date inserted in this block do ament's effective date on the Departm	es not meet the applicable statutory filing requent of State's records.	quirements, this date will not be listed as the
Ada	option of Amendment(s)	( <u>CHECK ONE</u> )	
¤	The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the number of votes car	st for the amendment(s)
	There are no members or members e adopted by the board of directors.	ntitled to vote on the amendment(s). The ame	endment(s) was/were
	Dated12/31	118	>
	have not been sel	or vice chairman of the board, president or of ected, by an incorporator – if in the hands of nted fiduciary by that fiduciary)	
		Justin Albrigh	igning)
	<del> </del>	Secretary Direct. (Tille of person signing)	<u> </u>