N03000005826

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CONDOMINUMS + HOMEOWNER ASSOCIATIONS REAL ESTAIL + CONSTRUCTION + PERSONAL INJURY

8818 Goodbys Executive Drive Jacksonville, EL 32217 Primary mailing address/ 3509 U.S. Highway 17 Fleming Island, FL 32003

1301 Plantation Island Drive S Some 206A St. Augustine, FL 32080 500 3rd Street South Jacksonville Beach, FL 32250

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July 20, 2021

Department of State
Division of Corporations
Clifton Building, Suite 300
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Oakleaf Plantation West Property Owners Association, Inc.

Our File No.: 210414

Dear Sir/Madam:

Enclosed please find a check in the amount of \$35.00 and the fully executed Articles of Amendment to the Articles of Incorporation for the above referenced entity. Please note the change of registered agent and the removal of Board members.

If you have any questions, I can be reached at 904-737-4600 or trish.daniels@ansbacher.net.

Sincerely yours.

/s/Trish Daniels

Trish A Daniels Legal Assistant

Enclosures:

COVER LETTER

TO: Amendment Section Division of Corporations

OAKLEAF PLA NAME OF CORPORATION:	NTATION WEST PROPERTY OWNERS ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are:	
Please return all correspondence concerning this n	natter to the following:
ZACHARY R. ROTH	
	(Name of Contact Person)
ANSBACHER LAW, P.A.	
	(Firm/ Company)
8818 GOODBYS EXECUTIVE DR	
	(Address)
JACKSONVILLE, FL 32217	
	(City/ State and Zip Code)
SUNBIZ@ANSBACHER.NET	
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, ple	ease call:
ZACHARY R. ROTH	904 737-4600 at
(Name of Contact Per	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee	& □\$43.75 Filing Fee & □\$52.50 Filing Fee us Certified Copy (Additional copy is enclosed) □\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OAKLEAF PLANTATION WEST PROPERTY OWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the	e Florida D	ept. of State)	-
N03000005826		· <u>····</u> ,	
(Docum	nent Numbe	r of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute:	s, this <i>Florida Not For Pr</i>	ofit Corporation adopts the followin
A. If amending name, enter the new name of the	e co <u>rporati</u>	on:	
			The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	i corporan <u>e</u> .	on or incorporatea oi	'me appreviation Corp. or Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8818 GOODBYS EXEC	UTIVE DRIVE
		JACKSONVILLE, FL 32	<u>217</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
(Manny and Co.)	<u> 2011</u> ,		
D. <u>If amending the registered agent and/or regi</u> new registered agent and/or the new register <u>Name of New Registered Agent</u> ;	ed office ac		er the name of the
	8818 GOC	DBYS EXECUTIVE DR	IVE
New Registered Office Address:	•	(Florida	street address)
	JACKSON	RVILLE	. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		<u> </u>	obligations of the position.
-	Sig	nature of Next Registered	Agent, if changing
	2		2021 J. F. J. 23
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			79 53
			<u></u>

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 D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	LEIGH, ROSS	PO BOX 1987 YULEE, FL 32041
X Remove 2) Change Add	D	KING, DERIMA	PO BOX 1987 YULEE, FL 32041
X Remove 3) Change Add X Remove	<u>S</u>	HOUSTON, LINDSEY	PO BOX 1987 YULEE, FL 32041
4) X Change Add	PD	MARTORELLI, RACHEL	PO BOX 440549 JACKSONVILLE, FL 32222
Remove 5) X Change Add	<u>VPD</u>	KERR, SHEILA	PO BOX 440549 JACKSONVILLE, FL 32222
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: 7/19/2021, if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(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

Signature	Rachel Martorelli
(B	by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	RACHEL MARTORELLI
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

$\mathbf{\nabla}$ HELLOSIGN

TITLE Amendment to Articles

FILE NAME Articles of Amend...982562x9CBC3).pdf

DOCUMENT ID 7ec66238b5e6ab2e07bac9683d2a8cd80ba1cf7f

AUDIT TRAIL DATE FORMAT MM / DD / YYYY

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