

N04000012133

(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:

Office Use Only



700374007477

09/29/21--01018--008 ++35.00

FILED

90

2021 OCT 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED OCT 12 PM 12:48

October 6, 2021

AUDREY BULLARD
PO BOX 1733
LAKE CITY, FL 32056

SUBJECT: HERLONG JUNCTION HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N04000012133

We have received your document for HERLONG JUNCTION HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00024289

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HERLONG JUNCTION HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N04000012133

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

Please return all correspondence concerning this matter to the following:

AUDREY S. BULLARD

(Name of Contact Person)

AUDREY BULLARD, CPA

(Firm/ Company)

PO BOX 1733

(Address)

LAKE CITY, FL 32056

(City/ State and Zip Code)

AUDREYSBULLARD@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUDREY S. BULLARD

386

755-4050

at

(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 checked="" type="checkbox"/> \$35 Filing Fee | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

HERLONG JUNCTION HOMEOWNERS ASSOCIATION, INC.

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

N04000012133

(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:

_____ 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)

248 SE NASSAU STREET

LAKE CITY, FL 32025

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

248 SE NASSAU STREET

LAKE CITY, FL 32025

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: _____

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

FILED
2021 OCT 12 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FL

(Attach additional sheets, if necessary)

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.

Example:

Type of Action
(Check One)

Name _____

Address

DP

AUDREY S. BULLARD

1826 SW SR 47
LAKE CITY, FL 32025

X Remove

DVST

HOLLY HANOVER

PO BOX 1733
LAKE CITY, FL 32056

X Remove

D

CHRIS BULLARD

PO BOX 1432
LAKE CITY, FL 32056

DP

MATTHEW ERKINGER, SR

248 SE NASSAU STREET
LAKE CITY, FL 32025

_____ Remove _____

DVTS

KELLY ERKINGER

248 SE NASSAU STREET
LAKE CITY, FL 32025

 Remove

Circumstance	Percentage (%)
If someone is attacking you	85
If someone is threatening you	75
If someone is harassing you	65
If someone is insulting you	55
If someone is annoying you	45

Remove

(attach additional sheets, if necessary). (Be specific)

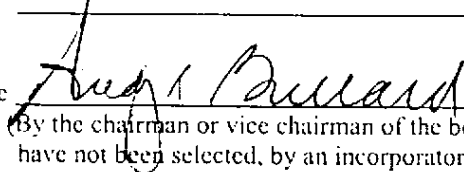
N/A

☒ 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 OCTOBER 11, 2021

Signature



(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)

AUDREY S. BULLARD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)