

NO4188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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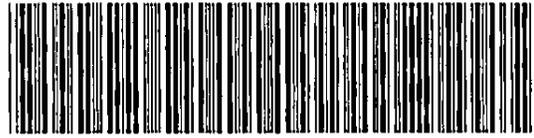
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI
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DEC 07 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE OAKS PATIO HOMES ASSOCIATION, INC _____

DOCUMENT NUMBER: N04188 _____

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

Please return all correspondence concerning this matter to the following:

JOHNNY MICHAEL SIZEMORE

(Name of Contact Person)

THE OAKS PATIO HOMES ASSOCIATION, INC

(Firm/ Company)

2205 SE 24TH AVE

(Address)

OCALA, FLORIDA 34471

(City/ State and Zip Code)

JSIZEMORE44@GMAIL.COM

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

For further information concerning this matter, please call:

MIKE SIZEMORE 352 427-1623

(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

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

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2017

JOHNNY

~~JOHNNY~~ MICHAEL SIZEMORE
2205 SE 24 AVE
OCALA, FL 34471

SUBJECT: THE OAKS PATIO HOME ASSOCIATION, INC.
Ref. Number: N04188

We have received your document for THE OAKS PATIO HOME ASSOCIATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 117A00023854

RECEIVED

17 DEC -6 PM 2:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

THE OAKS PATIO HOMES ASSOCIATION, INC.

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

N04188

(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**)

2205 SE 24TH AVE

OCALA, FLORIDA

34471

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2205 SE 24TH AVE

OCALA, FLORIDA

34471

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: JOHNNY MICHAEL SIZEMORE

2205 SE 24TH AVE

(Florida street address)

New Registered Office Address:

OCALA

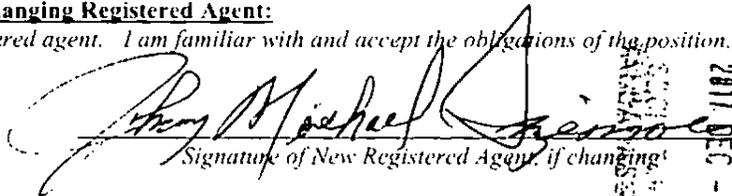
(City)

Florida 34471

(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

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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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>MIKE SIZEMORE</u>	<u>2205 SE 24TH AVE</u> <u>OCALA, FLORIDA</u> <u>34471</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>CAROLYN HARDING</u>	<u>2307 SE 20TH CIRCLE</u> <u>OCALA, FLORIDA</u> <u>34471</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>BARBARA SIZEMORE</u>	<u>2205 SE 24TH AVE</u> <u>OCALA, FLORIDA</u> <u>34471</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>MERNA MCGEHEE</u>	<u>2301 SE 20TH CIRCLE</u> <u>OCALA, FLORIDA</u> <u>34471</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>

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

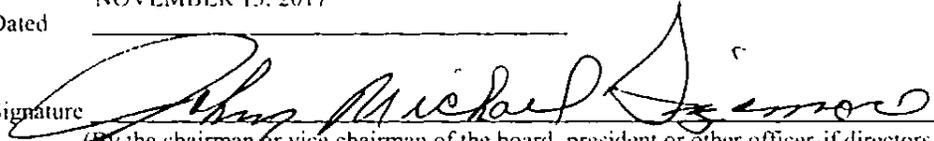
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 NOVEMBER 13, 2017 _____

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)

JOHNNY MICHAEL SIZEMORE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)