(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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Florida Department of State PO Box 6327 Tallahassee, FL 32314 RE: Letter # 117A00017339 September 14, 2017

Dear Ms. White;

In accordance with your letter dated August 23, 2017, which is attached, please find attached he correct form pursuant to chapter 617, Florida Statutes, for amendments to officers of our corporation.

We have already submitted payment of \$43.75 with the original amendment, so we have not resubmitted that payment.

Should you need any additional information, please feel free to call me at 352-207-2404 or email me at Kerroaks@gmail.com.

Best Regards,

Stefanie Muller

Director and Secretary

Kerr Oaks Homeowners Association, Inc.



August 23, 2017

MARK GALL 13049 NE 226TH AVE SALT SPRINGS, FL 32134

SUBJECT: KERR OAKS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N05000007496

We have received your document for KERR OAKS HOMEOWNERS 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

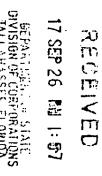
We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White Regulatory Specialist II

Letter Number: 117A00017339



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KERR OAKS HOMEOWNE	RS ASSOCIATION, INC.
N05000007496 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	
Please return all correspondence concerning this matter to the f	•
STEFANIE MULLER	
	of Contact Person)
KERR OAKS HOMEOWNERS ASSOCIATION, INC.	
(Fir	m/ Company)
3263 SW 51ST TER	
	(Address)
OCALA, FL 34474	
(City/ St	ate and Zip Code)
KERROAKS@GMAIL.COM	•
E-mail address: (to be used for futur	re annual report notification)
For further information concerning this matter, please call:	
STEFANIE MULLER	352 207-2404
(Name of Contact Person)	atat(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 ☐ Certificate of Status — Certifi	5 Filing Fee & S52.50 Filing Fee ed Copy Certificate of Status
	ional copy is Certified Copy
	sed) (Additional Copy is
	Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
itted	Tallahassee, FL 32301
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Chart	
P.O. Box 6327 Tallahassee. FL 32314 Why.	
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Articles of Amendment to Articles of Incorporation of

KERR OAKS HOMEOWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N05000007496 (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: NA 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. NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA C. Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) NA NA 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: NΑ Name of New Registered Agent: NA (Florida street address) New Registered Office Address: NA . Florida j (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

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	<u>V</u> <u>Mil</u>	n Doc se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTD	MARK GALL	13049 NE 226TH AVE
Add			SALT SPRINGS, FL 32134
Remove			
2) Change	VPD	CLAYTON JENKINS	109 W. DR. MARTIN LUTHER
X Add			PLANT CITY, FL 33563
Remove			
3) Change	SD	STEFANIE MULLER	3263 SW 51ST TER
X Add			OCALA, FL 34474
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
NA						
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The date of each amendment(s) adopti	2/18/17 ion:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departi	oes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
☐ There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
9/14/17 Dated	# The second sec	
Signature	«Caix Muleu	_
have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
STEFANIE !	MULLER	
- \.	(Typed or printed name of person signing)	
DIRECTOR	AND SECRETARY	
	(Title of person signing)	