## NO60000 10965

| (Requestor's Name)                      |
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| (A.I.I)                                 |
| (Address)                               |
| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
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S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| Three Oaks Owner NAME OF CORPORATION:                                    | rs Association, INC         |   |  |       |
|--|-----------------------------|---|--|-------|
| N06000010965   |                             |   |  |       |
| The enclosed Articles of Amendment and fee are sul                       | bmitted for filing.         |   |  |       |
| Please return all correspondence concerning this made                    | tter to the following:      |   |  |       |
| Christine Cummins  |                             |   |  |       |
|  | (Name of Contact Person     | )   |  | -     |
| Three Oaks Owners Association  |                             |   |  |       |
|  | (Firm/ Company)             |   |  | -     |
| PO Box 600036  |                             |   | •  |       |
|  | (Address)                   |   |  |       |
| Jacksonville, FI 32260   |                             |   |  |       |
|  | (City/ State and Zip Code   | :)  |  |       |
| Three Oaks Homeowners (<br>E-mail address: (to be use                    | Q qmail. Con                | 27<br>notificatio                                 | 1)   |       |
| For further information concerning this matter, pleas                    |                             |   |  |       |
| Christine Cummins (Name of Contact Perso                                 | on) at (Are                 | i   | 502-751C   | )     |
| (Name of Contact Perso   | n) (Are                     | ea Code)  | (Daytime Telephone Nun   | iber) |
| Enclosed is a check for the following amount made p                      | payable to the Florida Depa | rtment of   | State:   |       |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status            | <del>-</del>                | Certif<br>Certif                                  | D Filing Fee<br>icate of Status<br>led Copy<br>tional Copy is<br>used) |       |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Amendr<br>Division          | Address<br>ment Secti<br>n of Corpo<br>entre of T |  |       |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Three Oaks Owners Association

| (Name of Corporation as currently filed with th  | ne Florida Dep                 | t. of State)               | ·  |                     |
|--|--------------------------------|----------------------------|--|---------------------|
| Three Oaks Owners Association, INC   |                                |                            |  |                     |
| (Досш  | ment Number o                  | of Corporation (if k       | nown)  |                     |
| Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:        | orida Statutes, t              | his <i>Florida Not Fe</i>  | or Profit Corporation adopts the t   | following           |
| A. If amending name, enter the new name of th  | ne corporation                 | <u>:</u>                   |  |                     |
| N/A  |                                |                            |  | T1                  |
| name must be distinguishable and contain the work<br>"Company" or "Co." may not be used in the nam       | d "corporation<br>ie.          | or "incorporated           |  | The new<br>r "Inc." |
| B. Enter new principal office address, if application  | able:                          | /A                         |  | <u>_</u>            |
| (Principal office address <u>MUST BE A STREET A</u>  | 4 <i>DDKE</i> 33 )<br>         |                            |  |                     |
| C. <u>Enter new mailing address, if applicable:</u><br>(Mailing address <u>MAY BE A POST OFFICE</u>      |                                | /A                         | W.S.   | 7020 J              |
| D. If amending the registered agent and/or regi  |                                | ddress in Florida          | A CONTROL OF THE CONT | AN IO A             |
| new registered agent and/or the new register   |                                |                            | FOR  | <b>3</b>            |
| Name of New Registered Agent:  | Christine Cur                  | nmins                      | SALA<br>SALA<br>SALA<br>SALA<br>SALA<br>SALA<br>SALA<br>SALA   | _ <del>_</del>      |
|  | 2501 Cody D                    | r.                         | * **.  |                     |
| New Registered Office Address  | (Florida street address)<br>S: |                            |  |                     |
|  | Jacksonville                   |                            | , Florida 32223  |                     |
|  | (                              | (City)                     | (Zip Code)   | <del></del>         |
| New Registered Agent's Signature, if changing leads the hereby accept the appointment as registered ager | Registered Agent. I am familio | ent:<br>ar with and accept | the obligations of the position.   |                     |
| -  | Signa                          | rulyw M                    | ered 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>Mi</u> | n <u>Doe</u><br>ke Jones<br>l <u>y Smith</u>                    |   |
|---|--------------------|---|---|
| Type of Action<br>(Check One)                         | <u>Title</u>       | <u>Name</u>   | <u>Addres</u> s                         |
| 1) Change Add   | <u>T</u>           | Christine Cummins   | PO Box 600036  Jacksonville, FI 32260   |
| Remove 2) Change Add                                  | <u>P</u>           | Angela Martin   | PO Box 600036 Jacksonville, Fl 32260    |
| Remove 3 )  | <u>V</u>           | Kelly Toaston   | PO Box 600036  Jacksonville, Fl 32260   |
| 4) Change Add   | Р                  | Brad Martin   | PO Box 600036 Jacksonville, Fl 32260    |
| X Remove  5) Change Add                               | ST                 | Wylie Hartwell  | PO Box 600036 Jacksonville, Fl 32260    |
| <ul> <li>X Remove</li> <li>6) Change Add</li> </ul>   | <u>V</u>           | Jameel Akel   | PO Box 600036<br>Jacksonville, FI 32260 |
| X Remove  E. If amending or add (attach additional sh |                    | Page 2 of 4  Articles, enter change(s) here:  y). (Be specific) |   |
|   |                    |   |   |

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| 1/1/2020  |   |
| The date of each amendment(s) adoption:   | , if other than the                           |
| date this document was signed.  |   |
| 1/1/2020  |   |
| Effective date if applicable: 1/1/2020  |   |
| (no more than 90 days after amendment file d  | late)   |
|   |   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requ | irements, this date will not be listed as the |
| document's effective date on the Department of State's records.                             |   |
|   |   |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| 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 _  | 1/6/2020  |  |  |  |
| Signature _  | Bel got   |  |  |  |
| ł  | By the chairman or vice chairman of the board, president or other officer-if directors nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |  |  |  |
|  | Brad Martin   |  |  |  |
|  | (Typed or printed name of person signing)   |  |  |  |
|  | President   |  |  |  |

(Title of person signing)