# N0700003360

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Pertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400332396134

08/06/19--01030--069 \*\*35.00

10 Alig -6 Fr 2:51

FILE D 10 \*S. BL 9- Off 610

C GOLDEN AUG - 6 2019

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Magnolia Park Subo	livision Homeowners Assoc. Inc
DOCUMENT NUMBER: <u>N 070000 336</u>	
The enclosed Articles of Amendment and fee are submitted for filing	ą.
Please return all correspondence concerning this matter to the follow	
, ·	
Alvin D. Lewis (Name of Con	tact Person)
. (Name of Con	tact i cison)
=/o 2941 Lewiswood	are
`	,
lallahassee, FL 323	d Zin Code)
11 eWIS 625 @ embace	gmail. com ualbeport notification)
For further information concerning this matter, please call:	
(Name of Contact Person)	at 850 545-6024 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Fl	orida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certified Co (Additional enclosed)	opy Certificate of Status
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

#### Articles of Amendment

#### Articles of Incorporation

SOME SOLED STATE

## olia Park Subdivision Homeowners A. (Name of Corporation as currently filed with the Florida Dept. of State)

N 07 00 000 3360 (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 corp	poration:	
		The new
name must be distinguishable and contain the word "cor" "Company" or "Co." may not be used in the name.	rporation" or "incorpor	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)	
	<del></del>	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered	d office address in Flor	ida, enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
	//!!	Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. To	am familiar with and ac	cept the obligations of the position.
	Signature of New R	egistored 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	Lewis, William D.	P. O. BOX 199 Woodville, FL 323.62
2) Change Add Remove	<u>yp</u>	Lewis, David	5 Conifer Court Crawfordville, FL 32327
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	(Be specific)				
· · · · · · · · · · · · · · · · · · ·		<del></del> -	···· <u>·</u>		<del></del>
			·		
			<del></del>		<del></del>
	<del></del>			· · · · · · · · · · · · · · · · · · ·	
	·				
<del></del>				· · · · · · · · · · · · · · · · · · ·	
-			<u> </u>		
•					
				<del></del>	
			<del></del>		
·	·				
_					
			-	· · ·	
			<del></del>		
<del></del>					
-	1			<del></del>	

	this document was signed.  Avgust 6, 2019	_, if other than the
Effec	tive date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
	ino more than 90 days after amenament fae dates	
	1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	e listed as the
Adop	otion of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes east 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 August 6, 2019	
	Signature and O. Line	_
	(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)	
	Alvin D. Lewis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	