

N07000011333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SFO COUNTY OF STATE
TO: COUNTY OF STATE

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AUG - 1, 2021
C. KIRK

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Oklawaha Overlook Condominium Association, Inc.

DOCUMENT NUMBER: N07000011333

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

Please return all correspondence concerning this matter to the following:

Tina Fischer
(Name of Contact Person)

Fletcher Fischer Pollack P.L.
(Firm/ Company)

433 Central Ave, Suite 401
(Address)

Saint Petersburg, FL 33701
(City/ State and Zip Code)

tfischer@ffplegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Fischer at 813 898-2831
(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

Oklawaha Overlook Condominium Association, Inc.

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

N07000011333

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Fletcher Fischer Pollack, P.L.

433 Central Ave, Suite 401

(Florida street address)

New Registered Office Address:

Saint Petersburg

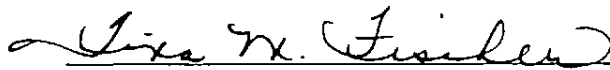
(City)

Florida 33701

(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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SEC. OF STATE
TALLAHASSEE, FL

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(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:

1) _____ Change _____ Add	P _____	<u>Jacqueline L Laundean</u>	<u>16970 NE 243rd Place Rd</u> <u>Fort McCoy, FL 32134</u>
<u>x</u> _____ Remove			
2) _____ Change _____ Add	VP _____	<u>Robert P Butler</u>	<u>5507 Carlton Rd</u> <u>New Port Richey, FL 34652</u>
<u>x</u> _____ Remove			
3) _____ Change <u>x</u> _____ Add _____ Remove	P _____	<u>Lincoln Hine</u>	<u>433 Central Ave</u> <u>Saint Petersburg, FL 33701</u>
4) _____ Change <u>x</u> _____ Add _____ Remove	VP _____	<u>Jay Hine</u>	<u>433 Central Ave</u> <u>Saint Petersburg, FL 33701</u>
5) _____ Change _____ Add _____ Remove	_____	_____	_____
6) _____ Change _____ Add Remove	_____	_____	_____

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

- ☒ 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 7/14/2021

Signature *Lincoln Hine member*
(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)

Lincoln Hine
(Typed or printed name of person signing)

President
(Title of person signing)