N07852

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PICK-UP WAIT MAIL	
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COVER LETTER

^t **TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

•	
NAME OF CORPORATION: Oak Ridge Wobile	lome ass.
DOCUMENT NUMBER: NO 7852	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sue Weight (Name of Contact Person)	
Lake Dooson Village H.O.	<u>A</u> _
52/0 SR33 N. Of 75	
Sakoland Fl 33805 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Sue of Contact Person of Conta	ephone Number)
Enclosed is a check for the following amount made payable to the Florida Departs	ment of State:
\$35 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

· Oakridge mo	obile Home Ass	<u>scclotion</u>	nc.
(Name of Corporation as curr	ently filed with the Florida Dept. of S	total	
	D.S.J. M.	201/16.NO785	\sim
(Document Nun	nber of Corporation (if known)	MINICIO I -	×.
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		Profit Corporation adopts	
A. If amending name, enter the new name of the new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" of the new name	ontdin the word "corporation" or "in	corporated" or the	Tion!
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		33NJJ0175)
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r new registered agent and/or the new regis	agistavad office address in Flavida as	09,44	SECRETA
new registered agent and/or the new regis	egistered office address in Florida, er	iter the name of the	STE.
Name of New Registered Agent:		- P# 2	OF STAT
New Registered Office Address:	(Florida street address)	_	SHOIS
	(City)	, Florida (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.			
S	ignature of New Registered Agent, if ch	anging	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	(417)26		☐ Add ☐ Remove
E. If amer (attach	nding or adding additional Articles, e additional sheets, if necessary). (Be s	nter change(s) here: pecific)	

The date of each amendment(s) adoption: 3/10/09				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
. Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) oval.			
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.			
have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary) (Typed or printed name of person signing)			
•	(Title of person signing)			

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