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COVER LETTER

TO: Amendment Section · Division of Corporations NAME OF CORPORATION: Haven Ranch INC DOCUMENT NUMBER: NOSOOOO9(02) The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person) Haven Ronch, Inc (Firm/Company) 333 CR 208 (Address) St. Augustine FC 32097 (City/State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person)

at GOU 813-5710

(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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	01
Haven Ranch	1, Inc
	rently filed with the Florida Dept. of State)
Nacoac	79621
	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	The new
name must be distinguishable and contain the word "corp	poration" 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:	N/A
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A EEE T
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered offinework.	
Name of New Registered Agent:	7333 CR 208 (Florida street address)
New Registered Office Address:	4. Augustino Florida 32092.
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registed hereby accept the appointment as registered agent. I an	
nereny accept the appointment as registerea agent. I an	Signature of New Registered Agent, is 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>Mik</u>	n Doc e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		\$ Ric Lehman	7333 CL 208 St. Augustine, FC 32092
2) Change Add Remove	<u>P</u> _	Jarett Lehman	7333 CR 208 St. Augustine, FC 32092
3) Change Add Remove		Janet Tillman	5090 St. Ambrose Chrok Rd Elkton, FC 32033
4) Change Add Remove			
5) Change Add Remove		,	
6) Change Add Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)					
1/A						•
N/A			 -			
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ers.	
Dated 5	7-18	
Signature	Miller -	
have not be	man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Torott Lehman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	