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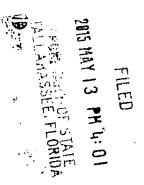


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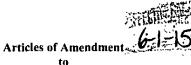
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Bands of t	he Villages	,Inc.
DOCUMENT NUMBER: N1	0000010	183	
The enclosed Articles of Amendm	ent and fee are subm	itted for filing.	
Please return all correspondence co	oncerning this matter	to the following:	
Jean E	Butler	Name of Contact Person)
Bands	of The	Village (Firm/Company)	s, Inc
3145 H	illside 1	Lane	
The Vi	illside 1	(Address)	32162
-	(City/ State and Zip Code)
E-mail	REALY address: (to be used	nd @ AOL.	COM notification)
For further information concerning	g this matter, please of	call:	
Doreen Lyn (Name of Contact)	Person)	at (352 (Area Co	633.2286 de & Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pay	vable to the Florida Depa	rtment of State:
,	43.75 Filing Fee & I ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Addre	_		Address ment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Articles of Incorporation

of

Corporation as currently filed with the Florida Dept. of State

No. 100,000,000,00183

N 100 000 10183

(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 corporati	on:		
NA				The
ame must he distinguishable and contain the	word "corporat	ion" or "incorporated"	or the abbreviation	"Corp." or "Ir
Company" or "Co." may not be used in the	name.	1		
		$\Delta I/\Delta$		
B. Enter new principal office address, if ap		74177		
Principal office address <u>MUST BE A STRE</u>	<u>LE I AUDKESS</u>)			
				
Enter new mailing address, if applicab		\mathcal{A}		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	<u>/V1,F4</u>		
	•			
). If amending the registered agent and/or			nter the name of th	<u>e</u>
new registered agent and/or the new re	gistered office a	ddress:		
None of Non- Projeton-J. Agent.	NIA			
Name of New Registered Agent:			<u></u>	
_		(Florida street address)		
New Registered Office Address:				
			D	
	(City)		, Florida	<i>a</i> : a
	(City)			(Zip Code)
New Registered Agent's Signature, if chan	aina Registered	Agent.		
hereby accept the appointment as registered			ne obligations of the	position.
	···· · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	•
	Signature of New	Registered Agent if cha	ngino	

Page 1 of 4

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.

Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
	T		
1) Change Add Remove			1525 BLEASE LOOP The Villages FL 32162
2) Change Add Remove	T	· · · · · · · · · · · · · · · · · · ·	2102 Pink Blossom C The Villages FL 32162
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if,necessary). (Be specific)					
(attach additional sheets, if necessary).	(Be specific)				
NA					
N/A					
			**		
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	e date of each amendment(s) adoption: 5-6.15	, if other than the
Effe	(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
油	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Signature (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)	
	Robert C. Wile (Typed or printed name of person signing) Chair Man (Title of person signing)	