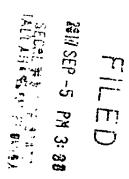
N12000000831

(Requestor's Name)		
	<u> </u>	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	 MAIL 	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of St	atus	
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Special Instructions to Filing Officer:		
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Office Use Only		



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I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	ianwood Co-of Fre
DOCUMENT NUMBER: W/2 000	
The enclosed Articles of Amendment and fee are	
Please return all correspondence concerning this	matter to the following:
Ron	CAN/Linda Rickles (Name of Contact Person)
, 1	(Name of Contact Person) oul Co-DP Tuc. (Firm/ Company)
	(Firm/Company) SW Indianumal Circle
	(reduces)
Tod	gn wood FL. 34956 (City/ State and Zip Code)
rickles	used for future annual report notification
For further information concerning this matter, pl	
LINDA KICKIE	son) at $\frac{972 - 597 - 3.792}{\text{(Area Code)}}$ (Daytime Telephone Number)
(Name of Contact Pe	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	
□ \$35 Filing Fee □S43.75 Filing Fe Certificate of Sin	tus Certified Copy (Additional copy is enclosed) S52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation
Indianword CO-DI, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N1200000 831
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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) And
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:
(Florida street address) New Registered Office Address:
, Florida
(City) (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
зіднаше од кем педіменей гідені, ў спандінд

Executive Officer; CFC held, President, Treusu	director title by the President; T= Tr = Chief Financia rer, Director woul	easurer S= Sec al Officer. If an al be PTD.	cretary; D= Director; officer/director holds	TR= Trustee: C = Chairman or Clerk: CEO = Chief more than one title, list the first letter of each office
• •	eaves the corporat	ion, Sally Smith	i is named the V and S.	d as the PST and Mike Jones is listed as the V. There is 5. These should be noted as John Doe, PT as a Change,
Example: X.Change X. Remove X. Add		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	 <u>Name</u> 		Address
1) Change Add Remove	1	Row	Heinz	Ib3365W Endangel Circle Indian Town, Fc. 34956
2) Change		Pero J	hy Hardmo	a. 16336 Sw Indianood Circle Indian Town F 34956
Remove 3) Change Add	<u> </u>	Murra	Edward Vin	Lodianton, FZ 34956
Remove 4) Add	1	Joh.	n Palmica	1 163365W Indianglood Circle Indiantows, FL 34956
Remove 5) Change Add				
Remove				
6) Change				
Remove				

Page 2 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:

E. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	inter change(s) here:
(altach additional sheets, if necessary). (Be	specific)
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• • •		
The date of each amendment(s) adoption:date this document was signed.	Due 1 2017	_, if other than the
Effective date if applicable:	nore than 90 days after amendment file date)	
(no i	nbre than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be State's records.	oe listed as the
Adoption of Amendment(s) (CF	IECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)	
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were	
Dated <u>8/28</u>	12017	
Signature	(arr)	_
	chairman of the board, president or other officer-if directors	
have not been selected, other court appointed f	by an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)	
Ro	CARR	
	(Typed or printed name of person signing)	
Co	OP PRESIDENT	
	(Title of person signing)	