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C. GOLDEN

OCT 1 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations Conrad Mobile Home Assoc., Inc NAME OF CORPORATION: _ N13000002378 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan Anthony (Name of Contact Person) Conrad MHP HOA (Firm/ Company) 9333 Park Blvd 😂 🖊 (Address) Seminole, Florida 33777 (City/ State and Zip Code) suzanneanthony28@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 224-1255 Susan Anthony (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment

to

	Articles of Incorporation FILEU		EU	
CONRAE	MOBILE	HOME PARK ASSOC., INC	2017 OCT 13	FM 2: 36
(Name of Corporation	as current	tly filed with the Florida Dept. o		
	N13	000002378	i i i	: - 10i (E).
(Docum	ent Numb	er of Corporation (if known)	AZ	
Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For Profit Co</i>	rporation adopts the follo	owing
A. If amending name, enter the new name of the	corporati	on:		
				? new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated" or the ab	shreviation "Corp." or ".	Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A.				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	9333 PARK Seininile FL	BIUD 18	J-B
		Seiningle it	33727	
D. If amending the registered agent and/or registered agent and/or the new registered			name of the	
Name of New Registered Agent:	Susan An	thony		
	9333 Park	(Blvd 1 6-B 18-B		
New Registered Office Address:		(Florida street a	•	
	Seminole		, Florida 33777	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I	Registered	Agent:		
I hereby accept the appointment as registered agen	1. I am fai	miliar with and accept the obligat	tions of the position.	
_	S	ignature of New Registered Agent	, if changing	

Page Lof 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.

Example: X Change X Remove X Add	PT John Dx V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Ben Roberts	9333 Park Blvd 12-C
Add			Seminole, Florida 33777
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· — —	
Remove			

If amending or adding attach additional sheet.	s, if necessary).	(Be specific)					
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The date	of each amendi	October 9, 2017 ment(s) adoption:	if other than the
date this d	locument was si	gned.	
Effective	date <u>if applical</u>	October 9, 2017 ble:	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	listed as the
Adoption	of Amendmen	t(s) (<u>CHECK ONE</u>)	
	amendment(s) w were sufficient f	vas/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	e are no membe ited by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	(Dated _	October 9, 2017	
	Signature _	DRMS	
	(B h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary) Compared the board of person signing Compared the court appointed fiduciary Compared the court	
		Grenclut. (Title of person signing)	