(Re	questor's Name)	
(Ad	dress)	
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DEC 1 8 2013 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Lake Champion Center, Inc.				
DOCUMENT NUMBER: N13000004542				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Stanlee Smith				
	(Name of Contact Person	1)		
	(Firm/ Company)			
P O Box 543				
	(Address)			
Sanford, FL 32772				
	(City/ State and Zip Cod	e)		
stanabba@gmai				
E-mail address: (to be use	ed for future annual report	notification)		
For further information concerning this matter, pleas	se call:			
Stan Smith	<sub>at</sub> 407	832-6422		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$\ \begin{align*} \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)} \end{align*}	□\$52.50 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 of



13 DEC 12 PM 3: 58

(Name of Corporation as current	y filed with the Flo	rida Dept. of State)	
N13000004542			
(Doct	ument Number of Co	orporation (if known)	<del></del>
Pursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporat		es, this Florida Not For Profit Corporation adopt	ts the following
A. If amending name, enter the new na	me of the corporat	on:	
La distinction to the land of contribution	the word "againage	tion" or "incorporated" or the abbreviation "Co	The ne
ame must be aistinguisnable and contain Company" or "Co." may not be used in		uon or incorporatea or the apprexiation Co	rp. or inc.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		2251 Celery Avenue	
		Sanford, FL 32771	
C. Enter new mailing address, if applic	cable:	DO Day 542	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		PO Box 543	
		Sanford, FL 32772	
			<del></del>
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>		ce address in Florida, enter the name of the ddress:	
Name of New Registered Agent:	Stanles Smith		
Name of New Registered Agent.	2251 Celery Avenue		
		(Florida street address)	
New Registered Office Address:		0.0776	
•	Sanford	, Florida 32772	
	(City)	(Zip	Code)
New Registered Agent's Signature, if che hereby accept the appointment as registed	nanging Registered ered agent. I am fa	Agent: pulliar with and accept the obligations of the position	tion.
	Signature of New	Pagintled Spart (Calegorius	

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.

Example: X_Change X Remove X Add	PT         John D           V         Mike Je           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PTD	Benjamin L Bascom	2828 S Bay Street
Add			Eustis, FL 32726
X Remove			
2) Change	PTD	Stanlee Smith	2251 Celery Avenue
X Add			Sanford, FL 32772
Remove			
3 ) Change	D	Michael D Donn	31129 Oakmont Avenue
Add			Sorrento, FL 32776
X Remove			
4) Change	D	Brandon Bascom	2828 S Bay Street
Add			Eustis, FL 32726
X Remove			
5) Change	D	Robert Hagins	4480 Treasury Cay Road
Add			Tavares, FL 32778
X Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)			
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The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	immediately	
Bitting and Amphicusts.	(no more than 90 days after amendment file date)	Western State of the State of t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes east for the amendment(s) opproval.	
There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	11/17/13	
Signature	my fra	
(By <b>t</b> he have r	e 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 court appointed fiduciary by that fiduciary)	
	Benjamin L Bascom (Typed or printed name of person signing)	
le <u>signing</u>	President Jacosurer Director (Title of person Signing)	