N13000005378

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SECRETARY OF STATE

(PRM)

COVER LETTER

TO: Amendment Section Division of Corporations Camp Anderson, Inc. N13000005378 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Zeb Cheshire (Name of Contact Person) (Firm/ Company) P.O. Box 1829 Lake City, Florida 32056-1829 (City/ State and Zip Code) zeb.cheshire@andersoncolumbia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zeb Cheshire (Name of Contact Person) 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 (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Camp Anderson, Inc.		·
N1300005378	filed with the Florida Dept. of State)	
	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporatio	106, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adop n:	ts the following
A. If amending name, enter the new nam	e of the corporation:	
		The new
name must be aistinguisnable and contain the "Company" or "Co," may not be used in the	he word "corporation" or "incorporated" or the abbreviation "Co he name.	rp." or "Inc."
B. Enter new principal office address, if		
(Principal office address MUST BB A STR	EET ADDRESS)	•
		_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
		一一一一
	<u> </u>	
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, enter the name of the egistered office address:	ASSET P
Name of New Registered Agent:		<u> </u>
-	(Florida street address)	AAR 23
New Registered Office Address:	(Finition Street auditess)	>
_	, Florida	
-	(City) (Zip	Code)
New Registered Agent's Signature, if char	nging Registered Agent:	
hereby accept the appointment as registere	ed agent. I am familiar with and accept the obligations of the posi-	ion.
	Signature of New Registered Agent, if changing	

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 A Add	PT John V Mike SV Sally	Doe Jones Smith	Address Address
Type of Action (Check One)	<u>Title</u>	Name	Address Zo A
1) Change	VP	William Bloodworth	P.O. Box 1132
Add			Old Town, FL 32680
X Remove			
2) Change			
Add			·
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	1 55E	THOUT -T PAY STEAM
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	e this document was signed.	.011:	, if other than the
eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
A.d	option of Amendment(s)	(CHECK ONE)	
□	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 10/1/14		
	Signature	Shipping	
	(By the chairman	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or	
		inted fiduciary by that fiduciary)	
	Skipper Jor	nes	
	_	ped or printed name of person signing)	
	VP/Secreta		
		(Title of person signing)	
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