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2020 HAR 23 M 2-48

APR 03 2020 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Twin Oaks Mobile Home Tark Kesidens'. ASSOCIATION
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alice Paxson (Name of Contact Person)
(Name of Contact Person)
Twin Oaks Mobile Home Pack Residents Association
4530 944 Street East Lot#22
Braclenton Horida 34203 (City/ State and Zip Code)
A. Paxson & hotmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 207-632-2090 (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Flo	ida Dept. of State)		·
(Document)	Number of Corporation (i	f known)	107/
Pursuant to the provisions of section 617,1006, Florida Simendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i>	For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corp	oration:	NIA	
name must be distinguishable and contain the word "con Company" or "Co." may not be used in the name.	poration" or "incorpora	ited" or the abbreviation "Corp	The new" or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	FSS		- 140 4
The party of the state of the s			" (.) " (.)
			- SAR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>		25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5
			 1813 18.
			36 A
). If amending the registered agent and/or registered	l office address in Flori	da, enter the name of the	NIA
new registered agent and/or the new registered of	<u>ūce address:</u>		/ X / / 3
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:		,,	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regist	ered Agent:		-N/t
hereby accept the appointment as registered agent. Lo	m Jamiliar with and acce	ppt the obligations of the position	n .
	Signature of New Reg	istered Agent, if changing	

7.

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 titie: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; t = trustee, C = Community.

Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office CFO = Chief Financial Officer. 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 to a shower Mike Jones larger the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as to Change? a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as is Change Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: \underline{X} Change John Doc X Remove Mike Jones Sally Smith X Add Type of Action Title Name | <u>Address</u> (Check One) 1) X Change Add ___ Remove 2) X Change ____ Add __ Remove Change Add ____ Remove 4) X Change _____ Add ____ Remove 5) X Change Remove 6) ____ Change Add X Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

	2020 MAR 23 PH 2: 48 SECRITARY OF STATE ANA SEEE FLORID
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	if other than the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated March 19, 2020
Signature / Signature
By the chairboap or vice chairman of the foard, 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)
- Hyce Paxson
(Typed or printed name of person signing)
Treasurer
(Title of person signing)