## N15000002861

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Lake-Sumter Central Office Inc.
DOCUMENT NUMBER: N 1500002861
DOCUMENT NUMBER: 19 130000 2001
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Mary Catharine Mead Hamill (Name of Contact Person)
(Name of Contact Person)
Clo Far Reach Banch (Firm/Company)
1255 S. Dora Blvd.
(Address)
Tavares, FL 32778 (City/ State and Zip Code)
(City/ State and Zip Code)
Cathyharill 1010 amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cather 11 - 205: 525:4349
(Name of Contact Person) at 305.525.4349  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing Address Amendment Section  Street Address Amendment Section

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

Lake-Sumter Central Of	fice Inc		
(Name of Corporation as currently filed with the Florida	Dept. of State)		
N 1500002861	per of Corporation	(if known)	<del></del>
	•		A see along Collinson on
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida No	ot For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corporate	<u>tion:</u>		
NIA			The new
name must be distinguishable and contain the word "corpora" (Company" or "Co." may not be used in the name.	aiou" or "incorpo	rated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS	)		
C. Enter new mailing address, if applicable:	! .		7:03 FDV 3
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NA		<u> </u>
			-طر. 
D. If amending the registered agent and/or registered offi		rida, enter the name of the	<u>e</u>
new registered agent and/or the new registered office :	iddress:		
Name of New Registered Agent: N			
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)	(Zip (	Code)
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fa	miliar with and ac	cept the obligations of the p	position,
	ionature of New R	eaistered Agent if changing	.,

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.

X Change	PT J	lohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	<u> P</u>	Michael Howell	41914 Thomas Boot Landing
Add			Umatilla, FL32784
Remove  2) Change	P	Greg H. Mahan	11911 Elbert St
Add Remove 3) Change			Clermont, FL 34711
3 ) Change Add	<del></del>		
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove 6) Change			
Add			
Remove			

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The date of each amendment(s) adop	won. Noveml	nor 11 2020	$^{\wedge}$	, if other than the
t ne date of each amendment(s) adoption this document was signed.	ption: 11040114	<u> </u>		, if other man the
date this document was signed.				
Effective date <u>if applicable</u> :				
Tappitane.	(no more than 90 d	ays after amendment f	ìle date)	
Note: If the date inserted in this block	does not meet the appl	icable statutory filing i	requirements, this date will i	not be listed as the
document's effective date on the Depa	rtment of State's record	S.		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			

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

Adoption of Amendment(s)

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 November 23, 2020
Signature Mary Cathe Mead Hamill
(By the chairman or vice chairman of the board, 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)
Mary Catherine Mead Hamill (Typed or printed name of person signing)
- (Typed of prince hanc of person signing)
Secretary (Title of person signing)