Nov 16 2018 15:08 Triad 7702201943

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Division of Corporat

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ELM RIDGE AT OAK CREEK NEIGHBORHOOD ASSOCIATION, INC

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COYER LETTER

TO: Amendment Section Division of Corporation	ns				
NAME OF CORPORATI	ELM RIDGE AT O	AK CREEK NEIG	HBORHOO	D ASSOCIATION,	INC.
DOCUMENT NUMBER:	N18000000144				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
JENNIFER BADEN					
		(Name of Contact	Person)		<u> </u>
TRIAD PROFESSIONAL:	SERVICES				
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1720 WINDWARD CONC	OURSE, SUITE 390				
		(Address)		-	
ALPHARETTA, GA 30003	5				
		(City/ State and Zip	(Code)		
JBADEN@TRIADPROS.C	ОМ				
E	mail address: (to be used	for future annual re	port notific	ation)	
For further information conc	erning this matter, please of	call:			
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Enclosed is a check for the fo	llowing amount made pay	able to the Florida	Department		ŕ
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Mailing Ac	dress	ç.			

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

(((H180003302343)))

Articles of Amendment to Articles of Incorporation of

MIRIDGE AT OAK CREEK NEIGHBORHOOD	ASSOCIATION, INC.	
(Name of Corporation as	currently fled with the Flori	da Dept. of State)
(Document)	it Number of Corporation (if kn	OIYN)
suant to the provisions of section 617.1006, Floridandment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
Samending name, unter the new name of the co	rperation:	
e must be distinguishable and centain the word "c munity" or "Ca." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp," or "Inc."
nter new orthodoal office address. If modicable; schol office address MUST BE A STREET ADD	(ESS)	
		
	··· ·······	
nier new mailing address, if ambicable;		
inter new mailing address. If emplicable; If alling address MAY BE A POST OFFICE BOX	0	
inter new mailing address. If emplicable; If alling address MA! BE A POST OFFICE BOX	0	
amending the resistered spent and/or resistere		ter the managof the
Amending the resistered upon and/or resistence		fer the manne of the
amending the resistered spent and/or resistere	d office address to Florida, co fice address:	fer the manne of the
amending the resistered spent and/or resistered of New Registered dyent:	d office address to Florida, ex fice address:	streir address), Florida
Amending the resistered agent and/or resistered of Name of New Registered dyens: Name of New Registered dyens:	d office address to Florida, en fice address: (Florida (City)	Florida(Dp Code)
Amending the resistered agent and/or resistered of Name of New Registered dyens: Name of New Registered dyens:	d office address to Florida, en fice address: (Florida (City)	Florida(Dp Code)
Amending the resistered spent and/or resistered were stated agent and/or the new resistered of Name of New Registered Agent: New Registered Office Adultess:	d office address to Florida, en fice address: (Florida (City)	, Florida (Ap Code) abligations of the position.
Amending the resistered agent and/or resistered of Name of New Registered dyens: Name of New Registered dyens:	d office address to Florida, co fice address: (Florida (City) tred Agent; in familiar with and accept the	Florida (Up Cade) abligations of the position.
Amending the resistered agent and/or resistered of Name of New Registered dyens: Name of New Registered dyens:	d office address to Florida, en fice address: (Florida (City)	Florida (Up Code) abligations of the position.
Amending the resistered agent and/or resistered of Name of New Registered dyens: Name of New Registered dyens:	d office address in Florida, che fice address: (City) tred Asent; in familiar with and accept the Signature of New Registered	Florida (Up Cade) abligations of the position.
Amending the resistered agent and/or resistered of Name of New Registered dyens: Name of New Registered dyens:	d office address to Florida, co fice address: (Florida (City) tred Agent; in familiar with and accept the	o street address) , Florida(Up Code) obligations of the position.

(((H180003302343)))

If amending the Officers and/or Directors, enter the title and name of each officer/director bring 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: 1' .- 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. Prasident. Treasurer, Director would be PTD.

Changes should be noted in the following number. 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	PT	Iohn Doe	
X Remove		Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	Title	Nume	Address
l) Change	V'ID	BACHMAN, MIKE	3922 COCONUT PALM DRIVE
Add		•	SUITE 108
X Remove			TAMPA, FL 33619
2) Change	VTO	MOORE, JAMIE	3922 COCONUT PALM DRIVE
DbA X			SUITE 108
Remove			TAMPA, FL 33619
3.1Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			, , , , , , , , , , , , , , , , , , , ,
6) Change			
Add			
Remove			
_		Page 2 of 4	

If aniending available addition a	(((H18000330234
If amending or adding additional Artistes, enter change(s) here: (alluch additional sheets, if necessary). (Be specific)	
(a span git)	
	
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Page 3 of 4

	(((H18000330234 3))
The date of each amendment(s) add date this document was signed.	NOVEMBER 16, 2018 ption:
Effective date if applicable:	
	(no more than 90 days after owendment file day)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will-not be listed as the timent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoptions for approval.	ted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors	entitled to vote on the amendment(s). The amendment(s) was/were
Dated NOVEMBER	16, 2018
Signature	- le le C
	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)
<u>Ca</u>	(Typed or printed name of person signing)
Pre	Side of person singles