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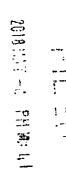
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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	Flags Rock, Inc.			
DOCUMENT NUMBER:	N18000000673			
	_			
The enclosed Articles of A	mendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
David Lewis				
		(Name of Contact P	erson)	
Flags Rock, Inc.				
		(Firm/ Company	y)	
2518 Burnsed Blvd.				
		(Address)		
The Villages, FL 32163				
		(City/ State and Zip	Code)	
dmlewisnaperville@com	cast.net			
]	E-mail address: (to be used	for future annual rep	ort notification	n)
For further information con-	cerning this matter, please	call:		
David Lewis		at	630 420 258	
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of S	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Street Address		

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



February 9, 2018

DAVID LEWIS FLAGS ROCK, INC. 2518 BURNSED BLVD THE VILLAGES, FL 32163

SUBJECT: FLAGS ROCK, INC. Ref. Number: N18000000673

We have received your document for FLAGS ROCK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 618A00002798



Articles of Amendment .to Articles of Incorporation of

Flags Rock, Inc.		
(Name of Corporation as cu	rrently filed with the Florida	Dept. of State)
N18000000673		
(Document N	Sumber of Corporation (if know	m)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For Pi</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2518 Burnsed Blvd., #4	131
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS) The Villages, FL 32163	3
		,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2518 Burnsed Blvd.,#4	31 , ,
MAT BE A TOST OFFICE BUA	The Village, FL 32163	
	-,-	3.5 5
		<u></u>
D. If amending the registered agent and/or registered	office address in Florida, ent	er the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
2518	Burnsed Blvd, #431	
New Registered Office Address:	(Florida	street address)
-	Villages	Florida 32163
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are	ered Agent: m familiar with and accept the c	obligations of the position.
	Signature of New Registered	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.

Example: X Change X Remove X Add	PT John D Y Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P 	VAN DE VELDE, DAVID H.	2518 BURNSED BLVD. #431
Add			THE VILLAGES, FL 32163
Remove			
2) Change	<u>s</u>	BHATTA, SANJEEV, M.D.	
Add X Remove			
X Change	S, T	LEWIS, DAVID	2518 BURNSED BLVD. 3431
Add			THE VILLAGES, FL 32163
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artiticach additional sheets, if necessary).	(Be specific)	•				
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	02/05/2018	
The date of each amendate this document was		, if other than the
	02/05/2018	
Effective date <u>if applic</u>	(no more than 90 days after amendment file date)	
Note: If the date insert document's effective da	ed in this block does not meet the applicable statutory filing requirements, this date will not be ate on the Department of State's records.	listed as the
Adoption of Amendme	ent(s) (CHECK ONE)	
The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
There are no memi	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	02/05/2018	
Signature		
((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)	
	DAVID LEWIS	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	