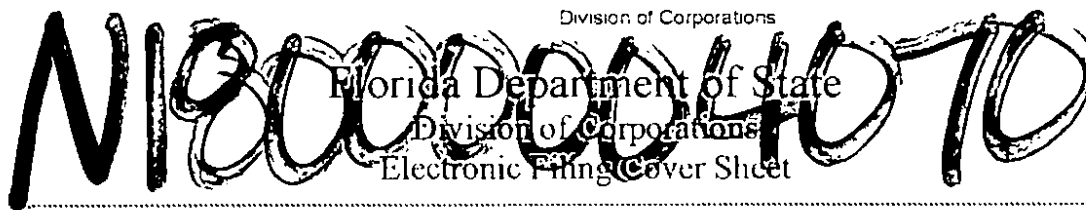


5/28/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210002140533ABCS

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

DIVISION OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 28 AM 8:12

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MOSAIC AT OAK CREEK PROPERTY OWNERS ASSOCIATION
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

JSP

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOSAIC AT OAK CREEK PROPERTY OWNERS ASSOCIATION INC.

DOCUMENT NUMBER: N18000004070

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRET L. BLOCK

(Name of Contact Person)

FINE AND BLOCK LLC

(Firm/ Company)

2060 MT PARAN ROAD, SUITE 106

(Address)

ATLANTA, GA 30327

(City/ State and Zip Code)

JULIE@ECIGROUPS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN NUNEZ

(Name of Contact Person)

at 404

(Area Code)

261-6800

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

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

MOSAIC AT OAK CREEK PROPERTY OWNERS ASSOCIATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000004070

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

2100 POWERS FERRY ROAD

(Principal office address **MUST BE A STREET ADDRESS**)

SUITE 200

ATLANTA, GA 30339

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2100 POWERS FERRY ROAD

SUITE 200

ATLANTA, GA 30339

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: CORPORATION SERVICE COMPANY

1201 HAYS STREET

(Florida street address)

New Registered Office Address:

TALLAHASSEE

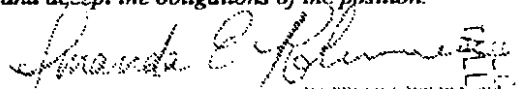
(City)

, Florida 32301

(Zip Code)

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA
CLERK OF STATE

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	TERRY WAYLAND	3414 FORUM BLVD. SUITE 3
<input checked="" type="checkbox"/> Remove			FORT MEYERS, FL 33905
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	ROXANNE AMOROSO	3414 FORUM BLVD. SUITE 3
<input checked="" type="checkbox"/> Remove			FORT MEYERS, FL 33905
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	MARC MARIANO	3414 FORUM BLVD. SUITE 3
<input checked="" type="checkbox"/> Remove			FORT MEYERS, FL 33905
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	PD	JAMES L. BAUGNON	2100 POWERS FERRY ROAD SUITE 200
<input type="checkbox"/> Remove			ATLANTA, GA 30339
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	VD	EMILY MASK	2100 POWERS FERRY ROAD SUITE 200
<input type="checkbox"/> Remove			ATLANTA, GA 30339
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	TD	BEN ENGEL	2100 POWERS FERRY ROAD SUITE 200
<input type="checkbox"/> Remove			ATLANTA, GA 30339

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

[CONTINUED]

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <input type="checkbox"/> Change	S	JULIE GEORGE	2100 POWERS FERRY ROAD
<input checked="" type="checkbox"/> Add			SUITE 200
<input type="checkbox"/> Remove			ATLANTA, GA 30339
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
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<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

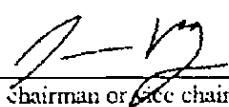
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 05/27/2021

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)

JAMES L. BAUGNON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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2021 MAY 28 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA