# 19901

(Re	equestor's Name)	
(Ad	ldress)	··· -
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
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C. **LEMIS** 5013 EXAMINER



October 18, 2013

DON CURTIS / ORANGE BLOSSOM SQUARES, INC. 17135 SE 93RD TELLFIER TERR THE VILLAGES, FL 32162

SUBJECT: ORANGE BLOSSOM SQUARES, INC.

Ref. Number: N19901

We have received your document for ORANGE BLOSSOM SQUARES, 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):

The amendment must be adopted in one of the following manners:

## (1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

## (2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

Letter Number: 413A00024437

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ORANGE BLOSSOM SQUARES, INC. N 19901 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ORANGE BLOSSOM SQUARES, INC
(Firm/Company) 17135 SE 93 RD TELLFIER TER.

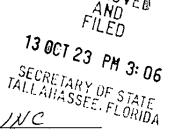
(Address) THE VILLAGES, FL 32162
(City/ State and Zip Code) KCURTIS 2@ YAHOO, COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DON CURTIS at (352) 259-9546
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section

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

· TO: Amendment Section

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

### Articles of Amendment to Articles of Incorporation of



ORANGE BLOS	150M =	50 WARES	INC	
(Name of Corporation as currently filed				
N1990	/			
(Document N	Number of Corporation	n (if known)		
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the section of		lorida Not For Profit C	Corporation adopt	s the following
				The new
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na		"incorporated" or the	abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if applic	cable: LAH	ACIENDA	REC. C.	<u>ENTER</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	e box) / <u>7/3</u>	35 SE. 9.	3 RD	
	TEL	LFIER TEX	۲	
	THE	F VILLAGE.	5, FL .	32/62
D. If amending the registered agent and/or registered agent and/or the new registered.			e name of the	
Name of New Registered Agent:				
		SP TELLF18 street address)	FR TER.	
New Registered Office Address:				
TH	E VILLAGI	<i>ES</i> , FI	orida 🧚 32	1162
	(City)		(Zip	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	fn). 1 am samiliay w	ith and accept the oblig MASC red Agent, if changing	gations of the posi	tion.
V				

Page 1 of 4

## 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 <math>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 E           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	_ <i>T</i>	HARDING, LAWRENCE H.	1762 OCONEE PL. THE VILLAGES, FL 32162
2) Change Add	<u>_P</u>	DAVID, MIKE	1963 HARDING PATH THE VILLAGES, FL 32162
3) Change Add Remove	<u>VP</u>	HOSTETLER, JOHN	2848 MANOR DOWNS THE VILLAGES, FL 32162
4) Change Add Remove	TD_	HARDING, LAWRENCE H.	1762 OCONEE PL. THE VILLAGES, FL. 32162
5) Change Add Remove	<u>_P_</u>	Young, ROBERT W.	3397 RESTON DR. THE VILLAGES, FL 32162
6) Change Add	I	CURTIS, DON	17135 SE 93RD TELLFIER TER.
Remove		Page 2 of 4	THE VILLAGES, FL 32161

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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove	P	<u>ED</u>	GAR9142A	1421 SEGOVIA PL THE VILLAGES, F 32162
2) Change Add Remove				
3 ) Change Add Remove				
4) Change Add Remove				· · · · · · · · · · · · · · · · · · ·
5) Change Add Remove				
6) Change Add Remove	<del></del>			

P.2/2

The dute of each amendment(s) adoption:	13 OCT 23 PM 3: 06 in then then the
date this document was signed.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Effective date if applicable: (no more than 90	days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The unrendment(s) was/were adopted by the members a was/were sufficient for approval.	nd the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	ne umendment(s). The amendment(s) was/were
	the board, president or other officer-if directors
inther court appointed fiduciary by the	
(Typed or printed name	
(Title of pers	on signing) /