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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ORANGE BLOSSO	M SQUARES, IN	IC.		
	N19901				
DOCUMENT NUMBER:					
The enclosed Articles of Art	nendment and fee are sub	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following	:		
DON CURTIS					
		(Name of Contac	t Person)	
			•		
		(Firm/ Comp	any)		
17135 SE 93RD TELLFIE	R TERRACE				
		(Address)		<u> </u>
THE VILLAGES, FL 3216	2				
		(City/ State and Z	ip Code)	
kcurtis2@yahoo.com					
	E-mail address: (to be used	for future annual	report n	otification)
For further information cond	cerning this matter, please	call:			
DON CURTIS			352 at		874-5569
	(Name of Contact Person))		a Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florid	la Depai	tment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	Address	i	Street A	<u>Address</u>	

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

Articles of Amendment Articles of Incorporation

ORANGE BLOSSOM SQUARES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N19901 (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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: Florida (Zip Code) (City) 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

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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Sec	PAUL RICHARD	1713 ENRIQUE THE VILLAGES,
Add X Remove			
2) Change	Sec	JO KISTER	709 INNER CIRCLE THE VILLAC
X Add			32/42
Remove 3) Change	<u>PT</u>	EUGENE JOHNSON	1267 GREENVILLE WAY THE V
Add X Remove			
4) Change X Add Remove	PT	JOHNNY LYLE THE	8254 SE 176TH LAWSON LOOP.
5) Change Add			
Remove 6) Change	 		
Add			

f amending or adding additional A attach additional sheets, if necessary)). (Be specific)	
	——————————————————————————————————————	
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		if other than the
iate	e this document was signed.	
Eff	ective date if applicable: 10-1-15	
	(no more than 90 days after amendment file date)	
Not loc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
A d	option 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.	
	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 SEPTEMBER 13, 2015	
	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)	
	DON CURTIS	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	