

N 20646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

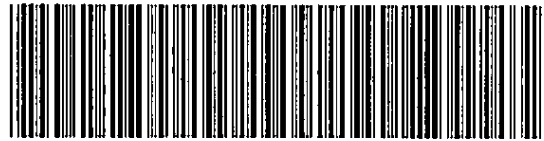
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500319192495 ✓

10/05/18--01016--029 **35.00

S TALLENT
OCT 31 2018

四、

18 OCT 23 AM 11: 43

[illegible]

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2018

JAMES R. VANDE VELDE, TREASURER
FOXWOOD FARMS RESIDENTS, INC.
1860 NW 46TH CIRCLE
OCALA, FL 34482

SUBJECT: FOXWOOD FARMS RESIDENTS, INC.
Ref. Number: N20646

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

ALL PAGES OF THE AMENDMENT FORM MUST BE SUBMITTED. PLEASE COMPLETE PAGES 1 OF 4 AND 4 OF 4 AND RESUBMIT.

The date of adoption of each amendment must be included in the document.

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

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 418A00021278

RECEIVED

2018 OCT 29 PM 10

SECRETARY OF STATE
LAHASSE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOXWOOD FARMS RESIDENTS, INC.

DOCUMENT NUMBER: N20646

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

Please return all correspondence concerning this matter to the following:

JAMES R. VANDE VELDE, TREASURER
(Name of Contact Person)

FOXWOOD FARMS RESIDENTS, INC.
(Firm/ Company)

1860 NW 46TH CIRCLE
(Address)

OCALA, FL. 34482
(City/ State and Zip Code)

JIMVAN69@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM VANDE VELDE at 863 604-6382
(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:

☒ ~~\$35 Filing Fee~~ ☐ \$43.75 Filing Fee & Certificate of Status ☒ ~~\$43.75 Filing Fee & Certified Copy~~ ☐ \$52.50 Filing Fee & Certificate of Status
\$35 FILING FEE (Additional copy is enclosed) (Additional copy is enclosed) (Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment
to
Articles of Incorporation
of

FOXWOOD FARMS RESIDENTS, INC.

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

N20646

(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:

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:

(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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>JOHN STARK</u>	<u>4773 NW 20th St.</u> <u>Ocala, FL. 34482</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>TOM MCGANN</u>	<u>2190 NW 47th Cir.</u> <u>Ocala, FL. 34482</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>DARLENE WHITANACK</u>	<u>4720 NW 19th St</u> <u>Ocala, FL. 34482</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>CAROL SELF</u>	<u>4661 NW 19th St.</u> <u>Ocala, FL. 34482</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 09/04/18, 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 10/26/18

Signature James R. Vande Velde
(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 R. VANDE VELDE
(Typed or printed name of person signing)

TREASURER
(Title of person signing)