

N21000003094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

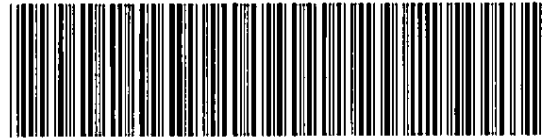
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2023 MAY -1 AM 10:47

SECRETARY OF STATE
BELLAMY BUILDING
MONTGOMERY, AL

Amend

MAY 17 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OYSTER LAKE PRESERVATION SOCIETY

DOCUMENT NUMBER: N21000003094

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

Please return all correspondence concerning this matter to the following:

JOHN TURNER
(Name of Contact Person)

OYSTER LAKE PRESERVATION SOCIETY
(Firm/ Company)

497 ALLEN LOOP DRIVE
(Address)

SANTA ROSA BEACH, FL 32459
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

JOHN TURNER at 404-964-7195
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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2028 MAY -1 AM 10:47
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2023

JOHN TURNER
OYSTER LAKE PRESERVATION SOCIETY, INC.
497 ALLEN LOOP DRIVE
SANTA ROSA BEACH, FL 32459

SUBJECT: OYSTER LAKE PRESERVATION SOCIETY, INC.
Ref. Number: N21000003094

We have received your document for OYSTER LAKE PRESERVATION SOCIETY, 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.

Diane Cushing
Senior Section Administrator

Letter Number: 423A00008728



Box checked

PLEASE NOTE: FINAL NEW OFFICERS LINEUP

AS FOLLOWS -

<i>PRESIDENT</i>	<i>JOHN TURNER</i>
<i>VP</i>	<i>RICHARD LILES</i>
<i>ST</i>	<i>RICHARD SKIDMORE</i>

Thanks



Articles of Amendment
to
Articles of Incorporation
of

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

OYSTER LAKE PRESERVATION SOCIETY N21000003094

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

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office 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.

N/A

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

☒ Change
☒ Remove
☒ Add

PT John Doe
V Mike Jones
SV Sally Smith

NEW OFFICERS SHOULD NOW READ:

P - JOHN TURNER
VP - RICHARD LILES
ST - RICHARD SKIDMORE

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|-----------|--------------------------|--|
| 1) <input checked="" type="checkbox"/> Change | <u>ST</u> | <u>RICHARD B. LILES</u> | <u>141 LAKE CAUSEWAY</u> |
| <input checked="" type="checkbox"/> Add | <u>V</u> | <u>RICHARD B. LILES</u> | <u>SANTA ROSA BEACH, FL 32459</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>ALEXANDER P. METZ</u> | <u>135 OYSTER LAKE DR.</u> |
| | | | <u>SANTA ROSA BEACH, FL 32459</u> |
| 2) <input checked="" type="checkbox"/> Change | <u>ST</u> | <u>RICHARD B. LILES</u> | <u>141 LAKE CAUSEWAY, SANTA ROSA BCH, FL 32459</u> |
| <input checked="" type="checkbox"/> Add | <u>ST</u> | <u>RICHARD SKIDMORE</u> | <u>1035 ALLEN LOOP DRIVE</u> |
| | | <u>RICHARD B. LILES</u> | <u>SANTA ROSA BEACH, FL 32459</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 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 | | | |

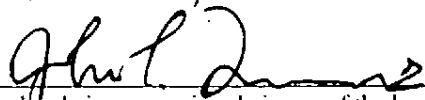
E. If amending or adding additional Articles, enter change(s) here:

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

N/A

- ☐ 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 JANUARY 31, 2023

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)

JOHN L. TURNER IV
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)