120036

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02/19/09--01007--011 **35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAKE-Sumter INTERGROUP, INC	
DOCUMENT NUMBER: N 26036	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
. WANDA L BURNETT (Name of Contact Person)	
LAKE SUMER INTERGROUP (Firm/Company)	
2115-I CITRUS BLUD (Address)	
Lees Brike, FL 34748-3011 (City/ State and Zip Code)	
For further information concerning this matter, please call:	
Wanda Burnett at (352) 360-0960 (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 \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \\$43.75 Filing Fee \& Certified Copy \$\bigcup \\$64 Cert	Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2009 FEB 19 PM 5: 00 SECRETARY OF STATE TALLAHASSEE: FEORIDA

LAKE-SUMTER INTERGROU	ALLAHASSEE	UF STATE FEORIDA
(Name of Corporation as currently file		e)
1/01 01		- ′,
N 26036 (Document Number of C	orporation (if known)	
•		
Pursuant to the provisions of section 617.1006, Florida 5 the following amendment(s) to its Articles of Incorporation		<i>ofit Corporation</i> adop
A. If amending name, enter the new name of the corp	ooration:	
The new name must be distinguishable and contain the	Sumter INTERGAC	oup
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." I	e word "corporation" or "incor nay not be used in the name.	porated" or the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	-	
C. Enter new mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) <u> </u>	_ .
,		
•		•
D. If amending the registered agent and/or registered	d office address in Florida, ente	r the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	-
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent, position.		the obligations of t
Signature	of New Registered Agent, if chan	ging

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) <u>Title</u> Name Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) NEW FEIN: 20-0563290 See ATTACHED LETTER FROM IRS

The date of each ame	ndment(s) adoption: 2/7/09
Effective date if appli	icable: IMMEDIATELY
********	(no more than 90 days after amendment file date)
Adoption of Amendm	pent(s) (<u>CHECK ONE</u>)
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.
There are no mem adopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Date	Mar
Sign	(By the onairman or vice chairman of the board, president or other officer-if director, have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)
	Andrew J Dubois JR. (Typed or printed name of person signing)
	(Title of person signing)

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