N42766

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SECRETARY OF STATE

APR 23 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: #	OST Mobile Home BENTERS ASSOCIATION, INC
DOCUMENT NUMBER: N42766	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
JACQUELINE BRAY (Name	of Contact Person)
	irm/ Company)
6 ChEYENNE TRAI	/
NAPLES, Fl 34,	(Address)
E-mail address: (10 be used for futt	
For further information concerning this matter, please call:	
JACQUELINE BROY (Name of Contact Person)	at (973) 670 - 4955 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
(Add	75 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status itional copy is Certified Copy osed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

Litabine Pour Mobile Home Rettsee	ASSOCIATION, IN	(c
(Name of Corporation as currently filed with the Florida Dept. of State)	70 Z0	
# Tetting N 42766	2015 APR 21 SECRETAI TALL AHAS	
(Document Number of Corporation (if known)	TAF	T
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corpor</i> amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation: HITCHING POST HOME DWNERS ASSOCIATION name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrev	STATE STATE OF STATE	
"Company" or "Co." may not be used in the name.	nation Corp. or inc.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TRAIL	
- Maples, Fl	34//3	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SAN E AS	ABOVE	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	e of the	
Name of New Registered Agent: N/P		
New Registered Office Address: (Florida street address)		
$\mathcal{N}\mathcal{A}$, Florida		
(City)	(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		

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 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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	Sherri HANSON	20 ABILENE TRAIL NAPLES, Fl 34/13
2) Change Add	VP	DAINA RoughgARDEN	17 ABILENE TRAIL Naples, Fl 34113
Remove 3) Change Add Remove	1	Goldie Kootsillas	15 ChEYENNE TRAIL NAPLES, Fl 34/13
4) Change Add Remove	_D_	DONALD KOOTS,11145	15 Cheyenne TRAIL NAPles, FE 34113
5) Change Add Remove			
6) Change Add Remove			

The date of each amendment(s) adoption: MARCH 972 2015 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	<u></u>
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 April 16, 2015 Signature April 16, 2015	
(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)	
TACQUE I INE BRAY PRESIDENT (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	