## N47369

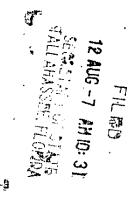
(Red	questor's Name)	<u> </u>
(Add	dress)	
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PICK-UP	MAIT	MAIL
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Or Contraction

(AUG 1 3 2012 C. MUSTAIN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Moonsha	dows POA	
DOCUMENT NUMBER: <u>V 47369</u>		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Beth Mueller		
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Person	)
Moonshadows POA		
	(Firm/ Company)	
5610 Nettle Creek Dr.		
	(Address)	
Dunlap, IL 61525		
1	(City/ State and Zip Code	<del>e</del> )
dblnmueller@mch		
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please of	call:	
Beth Mueller	309 243 766 at (	3
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment

Articles of Incorporation

~ )   0   0	of / A · I· Tax
11 100 nshadows Property U	where Association, Inc.
(Name of Corporation as currently filed with the Flori	ida Dept. of State)
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes,	this Florida Not For Profit Cornoration adopts the follow
amendment(s) to its Articles of Incorporation:	and I torium that I of I rojii corporation adopts the torio,
	CO AND CO
A. If amending name, enter the new name of the corporation	<u> </u>
IV T	The n
name must be distinguishable and contain the word "corporation"	on" or "incorporated" or the abbreviation "Corp " or "Inc
"Company" or "Co." may not be used in the name.	Salar
B. Enter new principal office address, if applicable:	5110 Neatle Creek Cx
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Dunlage IL (01525
-	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5710 DEXTIE CREEK CX
	Dunlag. IL 61525
-	
-	
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 ad-	
Name of New Registered Agent:	
Traine of from Toshinorea algori.	
	Florida street address)
New Registered Office Address:	To had on bel data easy
	l-Howida
(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	
The coy weeep. The appointment as region, ea agent. I am juin	The second second the configuration of the position.
Ci (M. D.)	and Annual Statements
Signature of New Registe	rea Ageni, ij 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 address

(Attach additional sheets, if necessaria)

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	<u>V</u> <u>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	Name .	Address
1) Change Add Remove	_D	BALL ARMAND	SANIBEL, FL, 33959
2) Change Add Remove		FRIDAY, TIMOTHY	1350 MIDDLE GULF DR. 2F SANIBEL, FL. 33957
3) Change Add Remove	<u>D T</u>	BETH MUELLER	5710 NETTLE CREEK COURT DUNLAP, IL. 61525
4) Change Add Remove	Р	PHIL MYERS	3423 N. OAK HILL ROAD ROCHESTER, IL. 62563
5) Change Add Remove			
6) Change Add Remove	<del></del>		

If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter ch (Be specific)	nange(s) here:		
			,	
		· · · · · · · · · · · · · · · · · · ·	 ,	
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		<del>,, , , , , , , , , , , , , , , , , , ,</del>	<u> </u>	<del></del>

The	date of each amendment(s) adoption:
Effe	ctive date if applicable: ASAP
	(no more than 90 days after amendment file date)
Adoj	ption of Amendment(s) ( <u>CHECK ONE</u> )
7	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 8/3/12
	Signature But Muell
	(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)
	Bern muelle-
	(Typed or printed name of person signing)
	Director 1 Treasurer
	(Title of person signing)