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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| SOUTH FOR NAME OF CORPORATION: | TY INDUSTRIAL PARK PHASE II OWNERS ASSOCIATION, INC. | |
|--|--|---------|
| N95000004464 | | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee a | are submitted for filing. | |
| Please return all correspondence concerning thi | is matter to the following: | |
| David MacKay | | |
| | (Name of Contact Person) | |
| | | |
| | (Firm/ Company) | |
| 2801 SW College Rd., STE9 | (Firm/ Company) e Rd., STE9 (Address) | |
| | (Address) | |
| Ocala, FL 34474 | | |
| | (City/ State and Zip Code) | |
| | | |
| E-mail address: (to b | be used for future annual report notification) | |
| · | • | |
| For further information concerning this matter, | pieuse catt: | |
| | | |
| (Name of Contact) | Person) (Area Code) (Daytime Telephone Numb | er) |
| | | · |
| Enclosed is a check for the following amount in | nade payable to the Florida Department of State: | |
| ■ \$35 Filing Fee □\$43.75 Filing For Certificate of S | | |
| Mailing Address | Street Address | |
| Amendment Section | Amendment Section | |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

FILED

SOUTH FORTY INDUSTRIAL PARK PHASE II OWNERS ASSOCIATION, INGULE FEB -5 PM 1: 46 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N95000004464 (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: 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: _ (Florida street address) New Registered Office Address: (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 | ne, |
|---|------|
| 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 = C | Thie |
| Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off | fice |
| 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.

| Exampl <u>X</u> Cha <u>X</u> Ren <u>X</u> Ade | nge 10ve | <u>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally Sn | <u>nes</u> | |
|--|---|------------------------------|--------------------------------|--|---------------|
| Type of (Check | | <u>Title</u> | | <u>Name</u> | Address |
| | _Change _ Add | D | - | David L. MacKav | |
| xx | _ Remove | | | | . |
| 2) | _Change _Add | | - | | |
| | _ Remove _ Change _ Add _ Remove | <u></u> , | - | | |
| 4) | _ Change _ Add | | - | | |
| | _ Remove | | | - | . |
| | Change Add | | - | | |
| | _ Remove | | | - | |
| 6) | Change _ Add | | - | | |
| | _ Remove | | | - | |
| | nending or adding th additional sheet | | | cles, enter change(s) here: (Be specific) | |
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| The data of south a second south of south | | |
| date this document was signed. | ofion: | , if other than the |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Department. | does not meet the applicable statutory filing requirements, this date writnent of State's records. | vill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adop was/were sufficient for approval. | oted by the members and the number of votes east for the amendment(| s) |

| ignatu | Cinth Mach |
|----------|--|
| rgitatu. | (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) |
| | David L, MacKay |
| | (Typed or printed name of person signing) |
| | (13) or branch mane or below signify |
| | (Types of printed name of person signing) |
| | (Types of printed name of person signing) |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.