N96000001592

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florid:	Fox Trot	ter Association, Inc.
DOCUMENT NUMBER: <u>N96 0000</u>	01592	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Kathie Woodwa	ard	
	(Name of Contact Person	1)
	(Firm/ Company)	
4750 Blue H	eron Place (Address)	
De Leon Spring	as Florida (City/ State and Zip Cod	32/30
Southern hatt E-mail address: (to bij use	om <u>Oyahoo. C</u> d for futurgunnual report	ON) notification)
For further information concerning this matter, pleas	e call:	
Jan Mc Douga	<u>/d</u> at	704 - 677 - 6010 rea Code) (Daytime Telephone Number)
(Name of Contact Pfrsoi	n) (A)	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	-	artment of State:
X\$35 Filing Fee ☐\$43.75 Filing Fee & Already paid Certificate of Status	□\$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	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



May 13, 2020

KATHIE WOODWARD 4750 BLUE HERON PL DELEON SPRINGS, FL 32130

SUBJECT: FLORIDA FOX TROTTER ASSOCIATION, INC.

Ref. Number: N96000001592

We have received your document for FLORIDA FOX TROTTER ASSOCIATION, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 120A00009736

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation

•	cles of Amendment to cles of Incorporation of Association Inc.
Arti	cles of Amendment
Artic	les of Incorporation
	of T
Florida Fox Irotter A	TSSOCIATION, INC.
	•
<u> 1√960000/592</u> (Document Nun	nber of Corporation (if known)
·	•
nendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ertion:
<u> </u>	
ame must be distinguishable and contain the word "corpo	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.	_
Enter new principal office address, if applicable:	<u>4750 Blue Heron Place</u> <u>De Leon Springs, Florida</u> 32130
Principal office address <u>MUST BE A STREET ADDRES</u>	DeLeon Springs Florida 32/30
	J
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	see above
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
	Tathie Woodward
	4750 Blue Heron Place
New Registered Office Address:	() To the street diametris)
<u> Qe</u>	Leon Springs Florida 32130 (City) (Zip Code)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registere	
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position
	Kothia Islandward
	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, nam
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	PT John II V Mike J SY Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Z Change Add	<u>_P</u>	Kathie Woodward	4750 Blue Heron Place Deieon Springs, FL 32130
Remove 2) Change Add	<u>V</u>	Jackie Peterson	9807 SE Cowles St Hobie Sound, FL 3.3455
Remove 3) Remove Add Remove	<u></u>	Teresa Mikelson	1133 Coral Farms Rd Florandme, FL 32140
4) Change Add		Jan McDougald	17285 NE 22 Ct. Citra, FL 32113
Remove 5) Change Add	<i>P</i>	Pam Harrell	90 Box 3695 Belleview, FL 34421
Remove 6) Change Add Remove	V	Linda Balyeat	7640 SE 1715t Horsesh The Villages, FL 32162
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
X Remove	<i>T</i>	Nancy Chretien	2113 Jasper Way The Villages, FL 32162
X Remove	S	Dand Proeger	16316 Sacramento Ave Brooksville, FL 34604

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The date of each amendment(s) adoption: April 1, 2020, if other than t date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.

Signature

Nathie Woodward

(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)

Hathie Woodward

(Typed or printed name of person signing)

President

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were