## N98000000276

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| Co<br>NAME OF CORPORATION:   | untryside Estates F                      | ROC, Inc   | ····   | <u> </u>            |           |
|--|--|--|--|---------------------|-----------|
| N98000<br>DOCUMENT NUMBER:   | 0000276                                  |  |  |                     |           |
| The enclosed Articles of Amendmen  | nt and fee are subn                      | nitted for filing.   |  |                     |           |
| Please return all correspondence cor                                     | ncerning this matte                      | r to the following:  |  |                     |           |
| Michael L. Hinson  |  |  |  |                     |           |
|  |  | (Name of Contact Pers  | on)  |                     |           |
| <del></del>  |  | (Firm/ Company)  |  |                     |           |
| 7001 Tall Oaks Lane  |  |  |  | in<br>Mo            | 2021 HAR  |
| Brooksville, FL 34601  |  | (Address)  |  | VEIVEA<br>VEIVEA    | H/R 29    |
| pfcmom05@yahoo.com   | (  | (City/ State and Zip Co  | ode)   | SSEC. FIA           | PM I2: 22 |
| E-mail ac  | ddress: (to be used                      | for future annual repo   | rt notification)   | Ti I                | ίŠ        |
| For further information concerning                                       | this matter, please                      | call:  |  |                     |           |
| Michael L. Hinson  |  | at   | 352-799-3932   |                     |           |
| (Name  | of Contact Person)                       | (  | Area Code) (Daytim   | e Telephone Number) |           |
| Enclosed is a check for the following                                    | g amount made pa                         | yable to the Florida De  | epartment of State:  |                     |           |
| □ \$35 Filing Fee □\$43.<br>Cert   | .75 Filing Fee & 1<br>tificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing For Certificate of Standard Copy (Additional Cope Enclosed)  | atus                |           |
| Mailing Address<br>Amendment Secti<br>Division of Corpo<br>P.O. Box 6327 | on                                       | Ame<br>Divi  | et Address<br>ndment Section<br>sion of Corporations<br>Centre of Tallahasse | ee                  |           |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



February 19, 2021

MICHAEL L HINSON COUNTRYSIDE ESTATES ROC, INC. 700 TALL OAKS LANE BROOKSVILLE, FL 34601

SUBJECT: COUNTRYSIDE ESTATES ROC, INC.

Ref. Number: N98000000276

We have received your document for COUNTRYSIDE ESTATES ROC, 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 form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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: 121A00003663

Diane Cushing Senior Section Administrator

www.sunbiz.org

## Articles of Amendment Articles of Incorporation

Countryside Estates ROC, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N98000000276 (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 <u>MUST BE A STREET ADDRESS</u>) 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: (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

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: XChange X Remove X Add | <u>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith                       |  |
|---------------------------------|------------------------------------|---|--|
| Type of Action<br>(Check One)   | Title                              | <u>Name</u>   | <u>Addres</u> s                          |
| 1) Change Add                   |                                    |   |  |
| Remove                          |                                    |   |  |
| 2) Change Add                   |                                    |   |  |
| Remove 3 ) Change Add Remove    |                                    |   |  |
| 4) Change Add                   | ·                                  |   |  |
| Remove                          |                                    |   |  |
| 5) Change Add                   |                                    | <del> </del>  |  |
| Remove                          |                                    |   |  |
| 6) Change Add                   |                                    |   |  |
| Remove                          |                                    |   |  |
|                                 |                                    | onal Articles, enter change(s) here: essary). (Be specific) |  |
| 4.14. Actions Specifically      | / Requiri                          | ng Member Votes. The following actions require app          | proval by the Members and may not be     |
| taken by the Board of Dir       | ectors ac                          | ting alone:   |  |
| additional wording ad           | ded to (g)                         | )   |  |
| previous wording(g) Other       | er matters                         | s contained in the Articles of Incorporation, these By      | laws, or the Law of the States of Floric |
| that specifically require a     | vote of t                          | he Members.   |  |

| New wording (g) Other matters con  | tained in the Articles of Incorporation, the Rules and Regulation                                | is, these Bylaws,                     |
|--|--|---------------------------------------|
| or the Laws of the States of Florida   | that specifically require a vote of the Members.   |                                       |
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|  |  |                                       |
| The date of each amendment(s) a date this document was signed.                       | doption: 11/05/2020  | , if other than the                   |
| Effective date if applicable:  | (no more than 90 days after amendment file date)   |                                       |
|  | (no more than 90 days after amendment file date)   |                                       |
| <u>Note:</u> If the date inserted in this blo<br>document's effective date on the Do | ock does not meet the applicable statutory filing requirements, the partment of State's records. | is date will not be listed as the     |
| Adoption of Amendment(s)   | (CHECK ONE)  |                                       |
| The amendment(s) was/were a was/were sufficient for approv                           | dopted by the members and the number of votes east for the ame                                   | ndment(s)                             |

| 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 11/05/2020  |  |  |  |  |  |
| Signature  (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) |  |  |  |  |  |
| Michael L. Hinson   |  |  |  |  |  |
| (Typed or printed name of person signing)   |  |  |  |  |  |
| Secretary   |  |  |  |  |  |
| (Title of person signing)   |  |  |  |  |  |