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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: FLORIDIAN MO	BILE HOME PARK INC	
DOCUMENT NUM	D02000011781	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	ANTHONY TRIGGIANO		
		Name of Contact Perso	n
	FLORIDIAN MOBILE HON	ME PARK INC	
		Firm/ Company	
	5018 SLEIGHBELL LN		
		Address	
	NEW PORT RICHEY FL 34	1652	
		City/ State and Zip Cod	e
FLO	RIDIANMHP@GMAIL.COM	1	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ANTHONY TRIGGI	ANO	at (842-8871
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep:	ortment of State:
S35 Filing Fee	□\$43.75 Filing Fee & 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

FLORIDIAN MOBILE HOME PARK INC

(Name of Corporation as currently fi	iled with the Florida Dant of State	.)		
P02000011781	ned with the Florida Dept, of State)		
(Document Number of Co	orporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the f	following	g amend	lment(s)
A. If amending name, enter the new name of the corporation:				
			The >	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.2	". A professional corporation nam	r the al e-must c	breviat contain	ion the
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)		SEC	2018	_
		KE I	007	
		EAS	22	_ prepa
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in <u>Florida, enter the name of the</u>	SEE, FL	PH 4:5	5
Name of New Registered Agent			=	
(Florida street				
New Registered Office Address: (Ci	, Florida_ ウッ	(Zip C	ode)	_
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 po	sition.		
Signature of New Regi	stered Agent it 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: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	COO	ANTHONY TRIGGIANO	5018 SLEIGHBELL LN
X Add			NEW PORT RICHEY FL 34652
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change		_	
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	
<u> </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an it not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u>	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	
action was not required.	
10/17/2018 Dated	
Daille	
Signature	
(By a director, president or other officer if threetors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Dir.	
(Title of person signing)	