## <u>POLOOJ51499</u>

Office Use Only



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15 SEP 15 PH 3: 06

SEP 17 2015

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: Rhodes Enterprise   | Of Ocala, Inc  |  |
|---------------------------|--|--|--|
| DOCUMENT NUMBI            |  | ** · · · · · · · · · · · · · · · · · ·                           |  |
|                           | f Amendment and fee are su   | ibmitted for filing.   |  |
| Please return all corresp | ondence concerning this ma   | atter to the following:  |  |
| k                         | Limberly S Hunt  |  |  |
| <del></del>               |  | Name of Contact Person   | n  |
| F                         | Rhodes Enterprise Of Ocala,  | Inc  |  |
| _                         |  | Firm/ Company  |  |
| 8                         | 2 Locust Drive   |  |  |
| _                         |  | Address  |  |
| C                         | Ocala, FL 34472  |  |  |
|                           |  | City/ State and Zip Cod  | e  |
| sunshin                   | c83@embarqmail.com   |  |  |
|                           | E-mail address: (to be us  | sed for future annual report                                     | notification)  |
| For further information   | concerning this matter, pleas  | se call:   |  |
| Kim Hunt                  |  | at ( <sup>352</sup>  | 680-1250   |
| Name of                   | Contact Person   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for   | the following amount made  | payable to the Florida Depa                                      | artment of State:  |
| \$35 Filing Fee           | □\$43.75 Filing Fee & Certificate of Status                          | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amen<br>Divisi<br>P.O. E  | ng Address dment Section on of Corporations lox 6327 assee, FL 32314 | Amend<br>Divisio<br>Clifton                                      | Address ment Section on of Corporations Building xecutive Center Circle                |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

of incorporation

|   |                               | 15 SEP 15 PM 3: 06  |          |
|---|-------------------------------|---|----------|
| ( <u>Name</u>   | of Corporation as currentl    | ly filed with the Florida Dept. of State)   |          |
| thodes Enterprise Of Ocala, Inc P06   | 5000151499                    | TATTAHASSEE, FLORICA  |          |
|   | (Document Number of           | f Corporation (if known)  |          |
| ursuant to the provisions of section 607 s Articles of Incorporation:                       | .1006, Florida Statutes, this | Florida Profit Corporation adopts the following ame   | ndment(s |
| . If amending name, enter the new n   | ame of the corporation:       |   |          |
|   |                               | The   | new      |
|   | nation "Corp," "Inc," or "    | n," "company," or "incorporated" or the abbrevi<br>'Co". A professional corporation name must contai  | iation   |
| . <u>Enter new principal office address,</u><br>Principal office address <u>MUST BE A S</u> |                               |   |          |
|   |                               |   |          |
| . Enter new mailing address, if appl  |                               |   |          |
| (Mailing address <u>MAY BE A POST</u>   | OFFICE BOX)                   |   |          |
|   |                               | <u>.</u>  |          |
|   |                               | ·   |          |
| . If amending the registered agent ar   | nd/ar registered affice addr  | ross in Florida, anter the name of the  |          |
| new registered agent and/or the ne  |                               |   |          |
| Name of New Registered Agent  | Kimberly S Hunt               |   |          |
|   | 82 Locust Drive               | Marcon reference and the second desired and antique and antique and a finite and a |          |
|   | (Florida stre                 | eet address)  |          |
| New Registered Office Address:  | Ocala                         | 34472<br>, Florida  |          |
| New Registereu Office Address.  |                               | (City) (Zip Code)   |          |
|   |                               | (24)  |          |
|   |                               |   | •        |
| ew Registered Agent's Signature, if c<br>hereby accept the appointment as regist            |                               | i with and accept the obligations of the position.  |          |
|   | and a general and years and   | , m. a.m. accept , me congaments of the permanent   |          |
| JL.   | 1161                          | 1 A   |          |
| 1 Je  | uperly 3 4                    | Henry   |          |
| ,   | Signature of New R            | legistered Agent, if changing   |          |
|   | 7                             | •   |          |

## 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.

| X Change                   | PT John               | n Doe           |                 |
|----------------------------|-----------------------|-----------------|-----------------|
| X Remove                   | <u>V</u> <u>Mik</u>   | <u>se Jones</u> |                 |
| X Add                      | <u>SV</u> <u>Sall</u> | y Smith         |                 |
| Type of Action (Check One) | Title                 | <u>Name</u>     | <u>Addres</u> s |
| 1) Change                  | P                     | Linda M Rhodes  | 355 NW 80th Ave |
| Add                        |                       |                 | Ocala, FL 34482 |
| X Remove                   |                       |                 |                 |
| 2) Change                  | VP                    | Allen C Rhodes  | 355 NW 80th Ave |
| Add                        |                       |                 | Ocala, FL 34482 |
| X Remove                   | •                     |                 |                 |
| 3) Change                  | P                     | Stephen A Hunt  | 82 Locust Drive |
| X Add                      |                       | •               | Ocala, FL 34482 |
| Remove                     |                       |                 |                 |
| 4)Change                   | VP                    | Kimberly S Hunt | 82 Locust Drive |
| X Add                      |                       |                 | Ocala, FL 34472 |
| Remove                     |                       |                 |                 |
| 5) Change                  |                       | <del></del>     |                 |
| Add                        |                       |                 |                 |
| Remove                     |                       |                 |                 |
| 6) Change                  |                       | <u> </u>        |                 |
| Add                        |                       |                 |                 |
| Remove                     |                       |                 |                 |

|   | If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |  |  |       |
|---|---|--|--|-------|
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| (if not                                   | Iment provides for an exe<br>for implementing the am<br>applicable, indicate N/A)   | change, reclassification, o<br>nendment if not contained   | or cancellation of issued shall in the amendment itself: | ares, |
| (if not                                   | Iment provides for an ex-<br>for implementing the an<br>applicable, indicate N/A)   | change, reclassification, o<br>nendment if not contained   | r cancellation of issued sh<br>in the amendment itself:  | ares, |
| (if not                                   | Iment provides for an ex-<br>for implementing the an<br>applicable, indicate N/A)   | change, reclassification, one need the contained the conta | r cancellation of issued sh<br>in the amendment itself:  | ares, |
| (if not                                   | Iment provides for an ex-<br>for implementing the am<br>applicable, indicate N/A)   | change, reclassification, onendment if not contained   | r cancellation of issued shift in the amendment itself:  | ares, |
| (if not                                   | Iment provides for an ex-<br>for implementing the an<br>applicable, indicate N/A)   | change, reclassification, onendment if not contained   | or cancellation of issued shall in the amendment itself: | ares, |
| If an amend<br>provisions<br>(if not<br>A | Iment provides for an ex-<br>for implementing the an<br>applicable, indicate N/A)   | change, reclassification, onendment if not contained   | or cancellation of issued shall in the amendment itself: | ares, |
| (if not                                   | Iment provides for an ex-<br>for implementing the an<br>applicable, indicate N/A)   | change, reclassification, onendment if not contained   | or cancellation of issued shall in the amendment itself: | ares, |

| 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 document's effective date on the D | block does not meet the applicable statutory filing requirements epartment of State's records.                                 | , this date will not be listed as the   |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |   |
| The amendment(s) was/were ad<br>by the shareholders was/were s        | opted by the shareholders. The number of votes cast for the amer afficient for approval.                                       | ndment(s)                               |
|   | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment |   |
| "The number of votes cas  | for the amendment(s) was/were sufficient for approval  |   |
| Rhodes Enterprise Of  | Ocala, Inc   |   |
| · /   | Ocala, Inc (voting group)  |   |
| ☐ The amendment(s) was/were ad action was not required.               | opted by the board of directors without shareholder action and shareholder   | areholder                               |
| ☐ The amendment(s) was/were ad action was not required.               | opted by the incorporators without shareholder action and shareholder  | older                                   |
|   | 1/15   |   |
| Signature (Pyro)  | lembory 5 Hint<br>Brector, president or officer – if directors or officers have no   | ot been                                 |
|   | d, by an incorporator – if in the hands of a receiver, trustee, or of  |   |
|   | sted fiduciary by that fiduciary)  |   |
|   | Kimberly S Hunt  |   |
|   | (Typed or printed name of person signing)  | *************************************** |
|   | VP   |   |
|   | (Title of person signing)  |   |