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OIVISION OF CORPORATIONS

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C. LEWIS
JUN 23 2014
EXAMPINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Tall Pines Park, Inc.  DOCUMENT NUMBER: PO7000107047
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chris Murtha Accounting & Tax  Chris Murtha Accounting & Tax  Firm/Company  Address  Englewood FL 34224  City/State and Zip Code  Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Murtha at (941) 828-1280  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status (Additional Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Articles of Amendment

to

	Articles of Incorporation	JIVISION OF CC	
Tall Pines	Park, Inc	14 JUN 10	РМ 4: 05 -
Do 7 000	107011	or State)	
<u> </u>	101041	·	<del></del>
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following	ng amendment(s
A. If amending name, enter the new name of	the corporation:		
Tall Pines Rea	• • •		
name must be distinguishable and contain the		y" or "incorporated" or the	_The new
"Corp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "Co". A prof	essional corporation name must	contain the
word "chartered," "professional association," of	or the abbreviation "P.A."	·	
B. Enter new principal office address, if appli	icable:		
(Principal office address MUST BE A STREET			_
			_
	•		
	<del></del>		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROV		
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			_
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D. If amending the registered agent and/or re	gistered office address in Florid	a, enter the name of the	
new registered agent and/or the new regist	ered office address:		
Name of New Registered Agent			
	(Florida street address)		
	(1 to the an est dear easy		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
	•		
New Degistered Agent's Signature is a least	Tombatanad America		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with and accer	of the obligations of the position	
<u> </u>	-CN D	•	
Signature	of New Registered Agent, if change	zing	

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 <math>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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add Remove		•	
Remove			
2) Change			
Add			
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3) Change			
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4) Change			
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amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	ange, reclassification,	or cancellation of	issued shares,	
rovisions for implementing the amer (if not applicable, indicate N/A)	idment if not containe		ent itself:	
		•		
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## FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) adoption	DIAIDINA OL COVLOVALIGUA	, if other than the
date this document was signed.	14 JUN 10 PM 4: 05	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	4/14	
Signature <u>Jone</u>	my T Jones	<u>-</u>
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
	Jevemy T Janes (Typed or printed name of person signing)	<del></del>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	