

P08000027223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

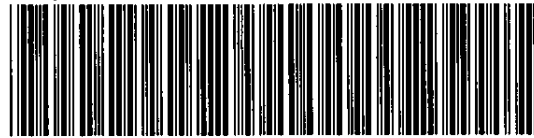
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/09--01029--004 **1113.75

RECEIVED

09 MAR 26 PM 12:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 MAR 26 PM 4:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 30 2009

EXAMINER



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

52.50

March 26, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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09 MAR 26 PM 4:15
TALLAHASSEE, FLORIDA

Please file 3rd

Re: Order #: 7519061 SO
Customer Reference 1: 32543.0004
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Bluegreen Program Partnership, LP (FL)
Formation
Florida

Woodbridge Capital Corporation (FL)
New Name: New Name:
Amendment (Change of Name)
Florida

Bluegreen Program Partnership, LP (FL)
Certificate of Status-Domestic
Florida

Woodbridge Capital Corporation (FL)
New Name: New Name:
Certificate of Status/Authorization-Domestic
Florida

Bluegreen Program Partnership, LP (FL)
Cert Copy of Certificate of LP
Florida

Woodbridge Capital Corporation (FL)
New Name: New Name:



CT

a Wolters Kluwer business

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1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

Obtain Document - Misc - Certified Copies of filing
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

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09 MAR 26 PM 4: 15
CLERK OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Woodbridge Capital Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000027223

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ODI Program GP Corporation

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

2100 West Cypress Creek Road

Ft. Lauderdale, FL 33309

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2100 West Cypress Creek Road

Ft. Lauderdale, FL 33309

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WOODBIDGE CAPITAL CORP.	2100 W. Cypress Creek Rd. Ft. Lauderdale, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Alan Levan	2100 W. Cypress Creek Rd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PT	Seth Wise	2100 W. Cypress Creek Rd. Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____

3/13/2009

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

Dated

March 13, 2009

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Seth Wise

(Typed or printed name of person signing)

Treasurer

(Title of person signing)