

P09 0000 605 91

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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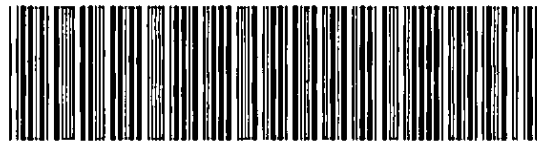
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

09/02/21--01019--026 **52.50

FILED
2021 SEP -2 AM 9:26
CLERK OF STATE
TALLAHASSEE, FL 32304

SEP 15 2021

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MK DEVELOPMENT GROUP USA, INC.

DOCUMENT NUMBER: P09000060591

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN R. MANNING

Name of Contact Person

Firm/ Company

7335 LAKE ELLENOR DRIVE

Address

ORLANDO, FLORIDA 32809

City/ State and Zip Code

johnmanning@kmiintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN R. MANNING at (407) 251-0550

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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 SEP -2 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MK DEVELOPMENT GROUP USA, INC.

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

P09000060591

(Document Number of Corporation (if known))

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:

NOT APPLICABLE

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**)

7335 LAKE ELLENOR DRIVE

ORLANDO, FLORIDA 32809

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

7335 LAKE ELLENOR DRIVE

ORLANDO, FLORIDA 32809

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 JOHN E. CULLEN

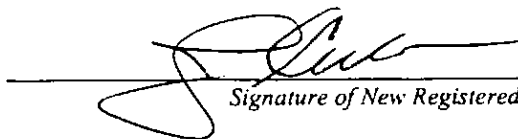
1304 N. MAITLAND AVENUE

(Florida street address)

New Registered Office Address: MAITLAND, Florida 32751
(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-------|-----------------|--------------------------|
| 1) <input checked="" type="checkbox"/> Change | PT | JOHN R MANNING | 111 E. HOLLY STREET |
| <input type="checkbox"/> Add | | | HOWEY IN THE HILLS |
| <input type="checkbox"/> Remove | | | FLORIDA, 34737 |
| 2) <input type="checkbox"/> Change | VPS | MICHAEL E KRAUS | 7233 LAKE ELLENOR DRIVE, |
| <input type="checkbox"/> Add | | | STE 100, ORLANDO |
| <input checked="" type="checkbox"/> Remove | | | FLORIDA, 32809 |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input 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)

The corporation is amending the Articles of Incorporation to include the following changes:

- Remove the Vice President, Michael E Kraus
- Update the principal and mailing address
- Update the registered agent

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)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

08/20/2021

Effective date if applicable: _____
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated August 24, 2021

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)

John R Manning
(Typed or printed name of person signing)

Manning Member / President
(Title of person signing)

N16280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

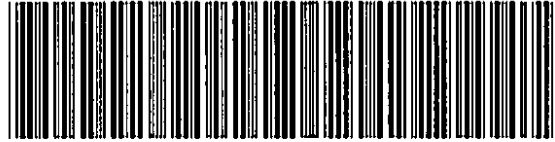
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

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RA & RO change

03/02/21--01023--023 **35.00

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2021 SEP -2 AM 8:44

SECRETARY OF STATE
HALL - AMASSEE FLOOR

SEP 13 2021

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MT. GREENWOOD COMMUNITY ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N16280

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammi Morrison

Name of Contact Person

Morrison Management LLC

Firm/Company

890 Northern Way, Suite B2

Address

Winter Springs, FL 32708

City/State and Zip Code

tammi@morrisonmanagementllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammi Morrison

Name of Contact Person

at (407) 548-0367

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MT. GREENWOOD COMMUNITY ASSOCIATION, INC.
2. The principal office address: 890 Northern Way, Suite B-2, Winter Springs, FL 32708

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8-18-2021 Document number: N16280

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SOUTHWEST PROPERTY MGMT of Central FL, INC.

13350 WEST COLONIAL DRIVE, Suite 330

WINTER GARDEN, FL 34787

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Morrison Management LLC

890 Northern Way, Suite B-2

P.O. Box NOT acceptable

Winter Springs, FL 32708

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Raissa Negron
Signature of an officer or director

President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Tham Morrison
Signature of Registered Agent

8-24-2021

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 SEP -2 AM 8:44

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