

P110000026889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

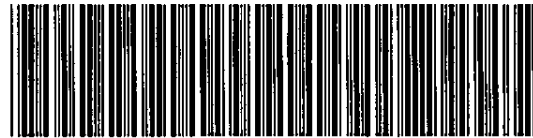
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200256846612

*Armed*

02/19/14--01018--024 \*\*43.75

FILED  
2014 FEB 19 PM 3:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*DR*  
*2/21/14*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Southern Pines Realty & Management, Inc.

**DOCUMENT NUMBER:** P11000026889

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

Please return all correspondence concerning this matter to the following:

Toni M. Burley

Name of Contact Person

Mark Busher & Associates

Firm/ Company

2044 Gilmore Street

Address

Jacksonville, FL 32204

City/ State and Zip Code

tburley@markbusher.com

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

For further information concerning this matter, please call:

Linda Harrold

Name of Contact Person

at ( 904 ) 614-9838

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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**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                      PT      John Doe

X Remove                    V        Mike Jones

X Add                         SV       Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                       |                               |
|---|----------|-----------------------|-------------------------------|
| 1) <input type="checkbox"/> Change      | <u>V</u> | <u>Linda Harrold</u>  | <u>1714 Hazelhurst Dr</u>     |
| <input checked="" type="checkbox"/> Add |          |                       | <u>Jacksonville, FL 32216</u> |
| <input type="checkbox"/> Remove         |          |                       |                               |
| 2) <input type="checkbox"/> Change      | <u>T</u> | <u>Toni M. Burley</u> | <u>2044 Gilmore St.</u>       |
| <input checked="" type="checkbox"/> Add |          |                       | <u>Jacksonville, FL 32204</u> |
| <input type="checkbox"/> Remove         |          |                       |                               |
| 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)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**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: \_\_\_\_\_, if other than the date this document was signed.

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 2.13.14

Signature Mr. H. Burk - Treasurer  
(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)

Linda Harrold

(Typed or printed name of person signing)

Linda L. Harrold VP  
(Title of person signing)