P12000015687

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	Mobile Hoer: Mobile Hoer; P12000015	ome Park Mar 687	nager, Inc.		
	f Amendment and fee are su				
Please return all corresp	ondence concerning this ma	tter to the following:			
John P Miller					
John P Miller CPA PA					
2	2499 Glades R	Firm/ Company Rd Ste 304			
Boca Raton, FL 33431					
		City/ State and Zip Cod			
For further information John P Mille	concerning this matter, pleas	sed for future annual reportsee call: at (561	368-9777		
Name of	Contact Person		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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

FILED

	Articles of Incorporation	• /	
Mahila H	of Home Park Manag	TOT IN OCT -6 P	H 3: 53
(Name of Corporation as current	Wille Fair Ivialia	State)	FISTATE
(Name of Corporation as Current	P12000015687	State) TALLAHASSEE.	FLORIDA
(Document Numbe	r of Corporation (if known)	73	_
		7	·
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, this <i>Florida Projit</i> (corporation adopts the following	ng amendmen
If amending name, enter the new name of th	e corporation:		
			The new
ne must he distinguishable and contain the orp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	orp," "Inc," or "Co". A projest		
Enter new principal office address, if applications in the control of the control			
incipui office uduress most be A STREET A			
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POY)		
(Mutting undress MAT BE ATOST OFFICE	BUA		_
	de the state of a state of the		
If amending the registered agent and/or regi	stered office address in Florida.	enter the name of the	
new registered agent and/or the new register		-	
Name of New Registered Agent			
	(Florida street address)	· · · · ·	
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
v Registered Agent's Signature, if changing I reby accept the appointment as registered agen		he obligations of the position.	
2			,
Signature	New Registered Agent, if changing	P	
		a	

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	<u>PT</u>	John D	<u>oe</u> .		
X Remove	У	Mike Jones			
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	VPD		Parisi, Theodora S	6748 Cobia Circle	
Add				Boynton Beach, FL 33437	
Remove					
2) Change					
Add					
Remove				-	
3) Change					
Add				Administration of the Control of the	
Remove					
4) Change					
Add					
Remove					
5) Change		_	·		
Add					
Remove			•		
6) Change					
Add		-			
Remove					

ttach additional sheets, if necessa	Articles, enter of the specific of the specifi	îc)		
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n amendment provides for an e ovisions for implementing the a	xchange, reclass	<u>sification, or can</u>	cellation of Issue	d shares.
(if not applicable, indicate N/A))	t contasticu in th	e amenament it	ent.
	·			

The date of each amendment(s) adoption: 09/25/2014	, 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)	
(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 09/25/2014	
Signature 1/6//	
(By a director, president of 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	
Paul Parisi a la la Nost	
(Typed or printed name of person signing)	•
President	
(Title of person signing)	