

P130000910070

(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



700253853307

11/18/13--01033--014 **35.00

And

NOV 22 2013

R. WHITE

FILED
13 NOV 18 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STROSS LAW FIRM, P. A.

Attorneys and Counselors at Law

- Real Estate Law • Title Insurance • Business Law • Estate Planning •
- Probate • Trust Administration •

Howard C. Stross, JD/MBA *†‡
Dwayne F. Jotch, JD
Martha V. Evans, JD

hstross@strosslaw.com
djotch@strosslaw.com
mevans@strosslaw.com

November 13, 2013

File #3576

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

Re: Victorville/Filing of Amendment to Articles of Incorporation

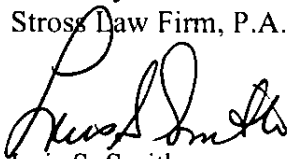
Dear Sir/Madam:

Please find enclosed our firm check # 9511 in the amount of \$35.00, as the payment of the filing fee.

Also, enclosed is an amendment to the Articles of Incorporation for Victorville West Management, Inc. for filing.

If you have any questions regarding the enclosed please give our office a call.

Sincerely,
Stross Law Firm, P.A.


Lois S. Smith
Real Estate Paralegal

/lss

Enclosures

\\2011SBSERVER\\files\\3576\\LET83741.docx

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Victorville West Management, Inc.

DOCUMENT NUMBER: P13000090072

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

Please return all correspondence concerning this matter to the following:

Dwayne F. Jotch

Name of Contact Person

Stross Law Firm, P.A.

Firm/ Company

1801 Pepper Tree Drive

Address

Oldsmar, Florida 34677

City/ State and Zip Code

bgleiter@ejplesko.com

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

For further information concerning this matter, please call:

Dwayne F. Jotch

Name of Contact Person

at (813) 852-6500

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
of

FILED

13 NOV 18 PM 3:15

Victoville West Management, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P13000090072

(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:

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)

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

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 _____

(Florida street address)

New Registered Office 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

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

[illegible]

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 11/12/13

Signature

CEA
(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)

Andrew E. Plesko

(Typed or printed name of person signing)

President

(Title of person signing)