P140000025632

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN - 8 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	
NAME OF CORPORATION: _	Magnolia Manor Land Company P14000025632
DOCUMENT NUMBER:	P14000025632
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
-	Jessica M. Hall
	Magnolia Manor Land Company
	PD Box 7667
	Lakeland, FL 33807
	City/ State and Zip Code
E-mail	hilswhe aol.com address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Jessica M +	W1 at 813 602.9015
Name of Contact Po	
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
\$35 Filing Fee	5 Filing Fee & Status S
Mailing Addres Amendment Sect	· · · · · · · · · · · · · · · · · · ·

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

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

Articles of Amendment to **Articles of Incorporation**

FILED SECRETARY OF STATE UIVISION OF CORPORATION:

2016 JUN -6 PM 2: 46

nt(s) to

F 140000	しつじろ人
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
ALIA	T)
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ess in Florida, enter the name of the
Name of New Registered Agent	A
(Florida str	eet address)
Non Parintaged Office Address	Placida
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	and and a consider the second second
I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
	Α.
N/I	4

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)

_ Remove

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 <math>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.

Mike Jones, V as Remov Example:	e, and Sally	Smith, SV as an Add.	
X Change	<u>PT</u> <u>J</u>	lohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VD	Jessica M Hall	5105 Lakeland Highlands Ro Lakeland, Fi 33813
X Add			Lakelend, Fr 33813
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	
N	/A
	
F. If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	A .
	NA
	•

The date of each amendment(s) adoption:	SE	FILI CRETARY	Office than th
date this document was signed.	JIVIS	TON OF CO	REORATION
Effective date if applicable: (no more than 90 days after amendment file date)	.2016	JUN -6	PM 2: 46
(no more than 90 days after amenament file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date	will not b	e listed as th
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s).		t	
"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 sha action was not required.	reholder		
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der		
Dated 6 2116			
Signature Mobile was the signature	. 1		
(By a director, president or other officer – directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)			
W. Wm. Elisworth, J. (Typed or printed name of person signing)	· <u>/. </u>		
President			
(Title of person signing)	-		