P190000 14939

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R. WH!TE JAN 22 2020

COVER LETTER

Division of Corporations SOAR MOBILE HOME PARK NORTH The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$33 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Article	s of I	ncorp	oration
	., .,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

P100000	on as currently filed with the Florida Dept: of State 1:3
190000	14939
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the e	l "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD.</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>
D. If amonding the registered agent and/or registered	and affice address in Florida, enter the name of the
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
new registered agent and/or the new registered of Name of New Registered Agent	(Florida street address)
	office address:
new registered agent and/or the new registered of Name of New Registered Agent	(Florida street address) Florida
new registered agent and/or the new registered of Name of New Registered Agent	(Florida street address) Florida
new registered agent and/or the new registered of Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Regi	(Florida street address) Florida(City) (Zip Code)
new registered agent and/or the new registered of Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Regi	(Florida street address)
new registered agent and/or the new registered of Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Regi	(Florida street address) Florida(City) (Zip Code)

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> <u>Johr</u>	ı Doe			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
X Add	<u>SV</u> <u>Sall</u>	y Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
I) X Change	VP	GARY	CORINBER	6	
Add		,			
Remove					
2) Change	VP	TOM	GRINBER	16	
<u></u> ★ Add					
Remove					
3) Change				·	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change			***		
Add					
Remove					
6) Change					
Add					
Remove					

(Attach aa	ling or adding additional Articles, dditional sheets, if necessary). (Be		<u>) here</u> :			
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f an ame	endment provides for an exchange	e, reclassificatio	n, or cancellati	on of issued sh	iares,	
provisio (if n	ons for implementing the amendment of applicable, indicate N/A)	ent if not contai	ined in the ame	ndment itself:		
		/				
		· · · · · · · · · · · · · · · · · · ·				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 10 - 23 - 19	
(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 vidocument's effective date on the Department of State's records.	vill not be listed as the
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	
Signature OWO (1)	
(By a director, president or other officer – if directors or officers have not been selected, by an interporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary	
leary Ato	
(Types or printed name of person signing)	
5 de / TRAS.	
(Title of person signing)	