## P96000075742

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Arbor Homes of S	eagrove, Inc.			
DOCUMENT NUM	P060000750.12				
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Russell L. Wilson				
		Name of Contact Perso	n		
	Arbor Homes of Sengrove, inc.				
		Firm/ Company			
	336 Bob McCaskill Drive	, <b></b>			
		Address			
	DeFuniak Springs, FL 3243	3			
		City/ State and Zip Cod	le		
roost	er 338 @gmail.com				
	*	sed for future annual report	notification)		
		,	,		
For further informatio	n concerning this matter, plea	se call:			
Russell Wilson		850	978-0337		
Name	of Contact Person	at ()			
			·		
Enclosed is a check fo	r 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 of

Arbor Homes of Seagrove, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P96000075942 (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: N/Aname 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: N/A (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) NA New Registered Office Address (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

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TR	James R. Kilpatrick	3357 McLain Drive
XAdd			Crestview, FL 32539
Remove			
2) Change			
Add			
Remove			
3 ) Change		<del> </del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		···	
Add			
Remove			
6) Change			
Add			
Remove			

Ά		if necessary)						
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f an amend	ment provid	es for an excl	nange, reclas:	sification, or o	cancellation o	f issued share	·s.	
provisions	<u>for impleme</u> i	nting the ame	ndment if no	t contained in	the amendm	ent itself:	_	
( <i>ij noi t</i> \	applicable, in	awate N A)						
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N/A The date of each amendment(s) adoption:	, if other than the
date this document was signed.	·
August 14, 2019 Effective date if applicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east 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.	older
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
August 14, 2019 Dated	
Signature Consult & C.	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Russell L. Wilson	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>