P99000088436

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DREAM LAKES	OF FLORIDA, INC.		
DOCUMENT NUM	booddone 427			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Ted W. Weeks IV, Esq.			
	Ted W. Weeks IV, P.A.	Name of Contact Perso	n	
		Firm/ Company		
	402 S. Kentucky Ave., Suite	350		
	Lakeland, FL 33801	Address		
		City/ State and Zip Cod	0	
For further informatio	n concerning this matter, pleas		902 5000	
	of Contact Person	at () <u>802-5000</u>	
	or the following amount made		de & Daytime Telephone Number 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DREAM LAKES OF FLORIDALING.

(Name e	of Corporation as currently file	iled with the Florida Dept. of State)
P99000088436	<u>, </u>	,
	(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Flor	orida Profit Corporation adopts the following amendment(
A. If amending name, enter the new na	ame of the corporation:	
name must be distinguishable and contain "Inc.," or Co" or the designation "C "chartered." "professional association,"	Torp," "Inc," or "Co". A pr	The new apany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	s in Florida, enter the name of the
new registered agent and/or the nev	v registered office address:	
Nam ę of New Registered Agent	402 S. Kentucky Ave., Suite 3.	
	(Florida street a	
New Registered Office Address:	Lakeland	. Florida 33801
	(Cit	ty) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar with	and accept the obligations of the position. stered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed p	•	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		<u> </u>	
Add			
Remove			

Attach additional s	ding additional Articles, if necessary).	(Be specific)			
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C					
provisions for im	provides for an exch plementing the ame	ndment if not cor	ition, or cancellati itained in the ame	on of issued snares endment itself:	7
(if not applica	ible, indicate N/A)				
	.				
					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing apartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were sa	opted by the shareholders. The number of votes cas afficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. It each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro-	val
by		<u>.</u> "
·	(voting group)	 -
sciette	irector, president or other officer – if directors or of d, by an incorporator – if in the hands of a receiver, ted fiduciary by that fiduciary) Jon T. Ackerly (Typed or printed name of person signing President)	trustee, or other court
	President	

(Title of person signing)