## NO1320

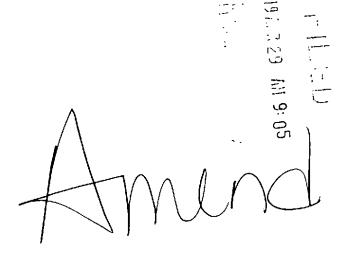
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:  OAKS CLUB CORE	PORATION
DOCUMENT NUMBER: NO1320	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Jeff Hartigan	
	(Name of Contact Person)
The Oaks Club	
	(Firm/ Company)
301 MacEwen Dr.	
	(Address)
Osprey, FL 34229	
	City/ State and Zip Code)
jhartigan@theoaksclub.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	all:
Ginger Rueckert	941 441-1879 at
(Name of Contact Person)	
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address
Division of Corporations	Amendment Section

Amendment Section 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 of

## OAKS CLUB CORPORATION

OARS CLUB CORPORATION		
(Name of Corporation as curr	ently filed with the Florida I	Dept. of State)
NO1320		
(Document Nur	mber of Corporation (if known	)
Pursuant to the provisions of section 617.1006, Florida Stati amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Pro	fit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
N/A	<del></del>	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or	The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	N/A	
The state of the s	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2019
		<u> </u>
D. If amending the registered agent and/or registered of	ffice address in Florida, enter	the name of the
new registered agent and/or the new registered office	address:	ب
Name of New Registered Agent: N/A		the name of the
New Registered Office Address:	(Florida s	treet address)
		Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent. I am J	familiar with and accept the of	bligations of the position.
	Signature of New Registered A	torne if the main
	signame of even registered ?	igeni, ij 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:  X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	DP	Terry Tubaugh	301 MacEwen Dr.
Add X Remove			Osprey, FL 34229
2) Change	D	Doug Casey	301 MacEwen Dr.
Add _X Remove			Osprey, FL 34229
3)Change	D	Claudia Latona	301 MacEwen Dr.
Add _X Remove			Osprey, F1 34229
4) X Change	DS	Stephen LaHood	301 MacEwen Dr.
Add Remove			Osprey, FL 34229
5) X Change	DV	Paul Beggan	301 MacEwen Dr.
Add			Osprey, FL 34229
6) X Change	DP	Michael Lonier	301 MacEwen Dr.
Add			Osprey, FL 34229
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
7. ADD	D	Anne Lockie	301 MacEwen Dr.
			Osprey, FL 34229
8. ADD	D	Steve Johnson	301 MacEwen Dr.
			Osprey, FL 34229
9. ADD	D	Tom Winter	301 MacEwen Dr.
			Osprey, FL 34229
	, · · <u>, · · · · · · · · · · · · · · · ·</u>	17	
		<del></del>	- 13 - 3
		****	
	<u>-</u>		
	<del></del>		

		April 4, 2019	
	late of each amend his document was s	iment(s) adoption:igned.	_, if other than the
Effec	tive date <u>if applic</u> :	April 4, 2019	
		(no more than 90 days after amendment file date)	
Note: locur	If the date insertenent's effective dat	d in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	e listed as the
Adop	tion of Amendme	nt(s) ( <u>CHECK ONE</u> )	
□ <sup>′</sup>	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated	April 22, 2019	
	Signature _	MUMIN	_
	1	By the chairman or vice chairman of the board, president or other officer-if directors nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Michael Lonier	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	