

N 23000002025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

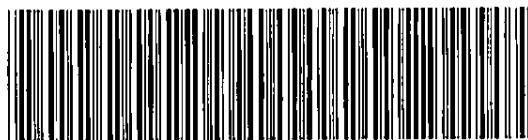
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400403169904

RECEIVED

2023 MAR -8 PM 1:50

TALLAHASSEE, FL

FILED

2023 MAR -8 AM 9:25

TALLAHASSEE, FL

g 3/9/2023

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 03/08/23

NAME: WHITLEY ESTATES HOMEOWNERS' ASSOCIATION, INC

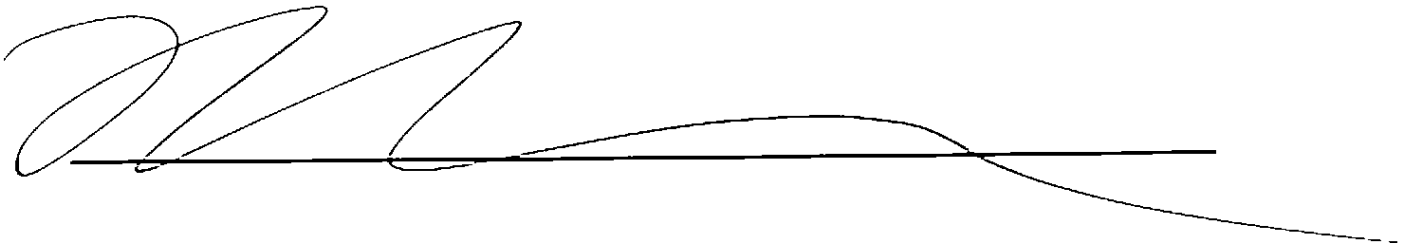
TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



A handwritten signature in black ink, appearing to be 'Abbie Hodge', is written over a horizontal line. The signature is stylized and extends to the right of the line.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WHITLBY ESTATES HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT NUMBER: N23000002025

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KERRY ANNE SCHULTZ
(Name of Contact Person)

SCHULTZ LAW GROUP, P.L.L.C.
(Firm/ Company)

2779 GULF BREEZE PARKWAY
(Address)

GULF BREEZE, FLORIDA 32563
(City/ State and Zip Code)

kaschultz@schultzlawgrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ at 850 754-1600
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

2023 MAR -8 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

WHITLEY ESTATES HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000002025

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1700 W. MAIN STREET

STE 400

PENSACOLA, FLORIDA 32502

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1700 W. MAIN STREET

STE 400

PENSACOLA, FLORIDA 32502

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:

GREGORY BORDENKIRCHER

1700 W. MAIN STREET STE 400

(Florida street address)

New Registered Office Address:

PENSACOLA

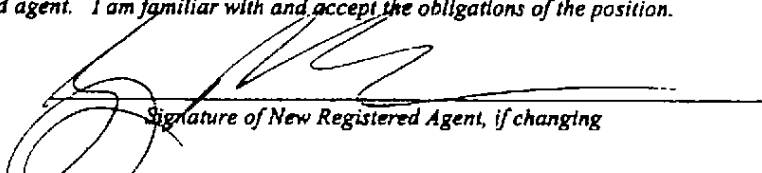
(City)

Florida 32502

(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:

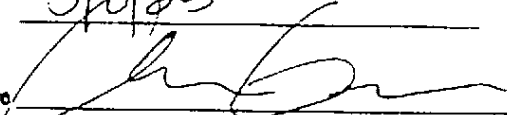
<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>PD</u>	<u>PAUL A. BATTLE</u>	_____
<input checked="" type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VPD</u>	<u>JASON REBOL</u>	_____
<input checked="" type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>SD</u>	<u>KERRY ANNE SCHULTZ</u>	_____
<input checked="" type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>JIM PRIAL</u>	<u>1700 W. MAIN ST STE 400</u> <u>PENSACOLA, FL 32502</u>
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>V</u>	<u>CHASE GRUBER</u>	<u>1700 W. MAIN ST STE 400</u> <u>PENSACOLA, FL 32502</u>
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>ANGELA WISE</u>	<u>1700 W. MAIN ST STE 400</u> <u>PENSACOLA, FL 32502</u>
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 3/8/23

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Chase Gruber
(Typed or printed name of person signing)

Vice President
(Title of person signing)