750672

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations Willramshing Homeowners Association Inc. 750672 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jessica Youq (Name of Contact Person) Homeowners Association, Inc. angga Street JESSICQ VONG 17 (0) QO COM E-mail address: (to be used for future amual report notification) For further information concerning this matter, please call: Je SSICQ Yong
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment

to

Articles of Incorporation

Williamsburg Harcowners	of Aggac	ration, Inc.		
(Name of Corporation as current				
7,5067				
(Document Number	er of Corporation (if	known)		
· ·	•	,		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	For Profit Corporation adop	ts the following	
A. If amending name, enter the new name of the corporation	<u>on:</u>			
N/A			The new	
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporate	ed" or the abbreviation "Co	orp." or "Inc."	
B. Enter new principal office address, if applicable:	Williams	burg Homeou	uners A	Issociation
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	10630	Lariss a St	reet	
	Octord	o, PL 3282	<u></u>	
C. Enter new mailing address, if applicable:	NI	<i>.</i>	بعسر	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1017	<u></u>	<u>£0</u>	
		·····		77
				Γ .
			9 2	m
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		a, enter the name of the	1	O
new registered agent and/or the new registered office a			55 二	
Name of New Registered Agent:	NIA			
New Registered Office Address:	((Florida street address)		
in the second se				
<u></u>	(City)	, Florida (Zip Cod	10)	
	(спу)	(Zip Cod	ie)	
New Registered Agent's Signature, if changing Registered		and a selfantiana efetana		
I hereby accept the appointment as registered agent. I am fai	nitiar with and acce _i	pi ine obligations of the pos	mon.	
	NHZ	1		
S	ignature of New Reg	\ istered 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>\$V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_	NIA	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			
Remove			

NIA	f amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
	•	NIA
		10[[7
		
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	·····	
		·
	•	

The date of each amendment(s) ad	option: VA	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requestrement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast l.	for the amendment(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amenders.	ndment(s) was/were
Dated $3/$	14/18	
Signature ¥	Muic Other	
have not be	man or vice chairman of the board, president or other on selected, by an incorporator — if in the hands of a appointed fiduciary by that fiduciary)	
<u> </u>	Tarra Otero	·
	(Typed or printed name of person sig	gning)
<u> </u>	(Title of person signing)	·
	(LITTE AT DETSAN SIGNING)	