N0400000002787

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COXER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Polk County Housing	Developers, Inc			
	N04000002787	,			
The enclosed Articles of Am	andment and fee are submi	itted for filing			
•		-			
Please return all corresponde	nce concerning this matter	to the following:			
Jozette Chack- On					
	(Name of Contact Per	son)		
Saxon, Gilmore and Carrawa	ay, PA				
		(Firm/ Company)			
201 East Kennedy Blvd, Sui	te 600				
		(Address)			
Tampa, Florida 33602					
	(1	City/ State and Zip C	ode)		
jchack-on@saxongilmore.co	om				
Е	-mail address: (to be used f	or future annual repo	ort notification	1)	710.
For further information conc	erning this matter, please c	all:			
Jozette Chack - On		at	813	314 - 4519	
-	(Name of Contact Person)			(Daytime Telephon	e Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	epartment of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & E Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is esed)	

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



15 OCT | 4 PM | 2: 4 |

Polk County Housing Developers, Inc.		500 1 111150 44
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)
N04000002787		
(Document Nun	nber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fo</i>	or Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	ation:	
N/A		The nev
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES.</u>	<u></u>	
C. Enter new mailing address, if applicable:	NI/A	
(Mailing address MAY BE A POST OFFICE BOX)	N/A 	
	•	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the
N/A	additss	
Name of New Registered Agent: NA		
 		lorida street address)
New Registered Office Address:	,	ion and street detercissy
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registers hereby accept the appointment as registered agent. I am		t the obligations of the position.
•		
	Signature of New Region	stered Agent, if changing
	DIENGIBLE OF TEEL NEEDS	11 LT LM (14) TII, II LIMINETHE

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>Mik</u>	<u>n Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Bernice Evans	430 Hartsell, Avenue
Add			Lakeland, FL 33815
x Remove			
2) Change	D	Joseph Di Cesare	430 Hartsell Avenue
x Add			Lakeland, FL 33815
Remove	D	Lorenzo Robinson	430 Hartsell Avenue
3) Change Add		ZOCCIED RODINSON	Lakeland, FL 33815
Remove			
4) Change	D	Dorothy Sanders	430 Hartsell Avenue
X Add			Lakeland, FL 33815
Remove			****
5) Change	D	Gary Smith	430 Hartsell Avenue
xAdd			Lakeland, FL 33815
Remove			
6) Change			
Add			
Remove			

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

		, ,	OIVE THE OFFICE
	e date of each amendment(s) add this document was signed.	iption: 10/13//	5
Em	ective date <u>if applicable</u> :	(no more than 90 days after amendme	nı file dose)
_	e: If the date inserted in this bloc ument's effective date on the Dep	, .	ng requirements, this date will not be listed as the
Add	option of Amendment(s)	(CHECK ONE).	
	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of vot	tes cast for the amendment(s)
(3 2	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The	ne amendment(s) was/were
	Dated 10/	13/2015	
	Signature		
	have not been	nan or vice chairman of the board, president is selected, by an incorporator – if in the han- opointed fiduciary by that fiduciary)	
		PENZAMIN STEUENSO	, <i>~</i>
		(Typed or printed name of per	son signing)
	i	SECRETARY/Executive T	
		(Title of person sig	gning)