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Account Name

: SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN POLK COUNTY HOUSING, INC.

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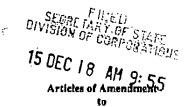
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- No. 1947

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to Articles of Incorporation

| of | |
|---|--|
| Polk County Housing, Inc. (Name of Corporation as currently filed with | |
| (Name of Corporation as currently filed wit | h the Florids Dept. of State) |
| N0400000 2788_ | |
| (Document Number of Carpor | ation (if known) |
| rsuant to the provisions of section 617.1006, Florida Statutes, this Floriendment(s) to its Articles of Incorporation: | da Not For Profit Corporation adopts the following |
| If amending name, enter the new name of the corporation: | |
| | The new |
| me must be distinguishable and contain the word "corporation" or "in Company" or "Co." may not be used in the name. | corporated" or the abbreviation "Corp." or "Inc." |
| Enter new principal office address, if applicable; | |
| rincipal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| (matters and ass may be a rout office box) | |
| | |
| | |
| . If amending the registered agent and/or registered office address f | a Florida, enter the name of the |
| new registered agent and/or the new registered office address: | • |
| Name of New Registered Agent: | |
| | |
| | (Florida street address) |
| New Registered Office Address: | |
| Chry | , Florida (Zip Code) |
| (City) | (Zip Coue) |
| ew Registered Agent's Signature, if changing Registered Agent: tereby accept the appointment as registered agent. I am familiar with | and accept the obligations of the position. |
| | |
| | |
| Signature of | New Registered Agent, if changing |

Page 1 of 4

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If smending 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;

(Altach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Yice 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: XChange XRemove X Add | <u>V</u> <u>Mik</u> | n Doe c Jones y Smith | |
|--------------------------------|---------------------|-----------------------------|---|
| Type of Action (Check One) | Title | Name | Address |
| 1) Change Add Remove | D | Bernice Evans | <u>430 Hartsell Avenue</u> <u>Lakeland, Fz. 33</u> 815 |
| 2) Change Add Remove | | | |
| 3) Change Add Remove | <u></u> | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 0) Change | | | |
| Remove | | Page 2 of 4 | |

| E. If amending or adding additional Arti | ((())) | |
|--|--------------|--|
| E. If amending or adding additional Articles, enter changes: (attach additional sheets, if necessary). (Be specific) | | (((H15000298260 3))) |
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| The date of each amendmen late this document was signed | | , if other than the |
|--|---|---------------------|
| Effective date <u>if applicable:</u> | | |
| ,, | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the locument's offective date on t | nis block does not meet the applicable statutory filing requirements, this date will no the Department of State's records. | or be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for a | rere adopted by the members and the number of votes past for the amendment(s) approval. | |
| There are no members or adopted by the board of | members entitled to vote on the amendment(s). The amendment(s) was/were directors. | 므 |
| Dated 1 | 2/17/15 | Vision 6 |
| Signature | * | 18 |
| have: | o chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | MH 9: |
| | Benjamin Stevenson (Typed or printed name of person signing) | <i>ប</i> ្រ ប |
| - | President. | |
| | (Title of person signing) | |