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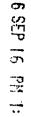


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COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO		ATES HOMEOWNE	ERS ASSOCIA	TION OF POLK COUNTY, INC.
DOCUMENT NUMBER:	N05000011885			
		·		
The enclosed Articles of Amo	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Denise Abercrombie				
	(Name of Contact Pe	rson)	
Highland Community Manag	gement, LLC			
		(Firm/ Company)	
3020 S. Florida Ave., Suite 3	05			
		(Address)		, <u>, , , , , , , , , , , , , , , , , , </u>
Lakeland, FL 33803				
	(City/ State and Zip (Code)	
info@hcmanagement.org				
Е-	mail address: (to be used	for future annual rep	ort notification)
For further information conce	erning this matter, please o	eall:		
Denise Abercrombie		at	863	940-2863
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida D	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy tional Copy is sed)
Mailing A	<u>ddress</u>	Str	eet Address	

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

16 SEP 16 PH 1:55

WINCHESTER ESTATES HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N05000011885 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida (City) (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: X_Change X_Remove Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	George Cole	3020 S. Florida Ave., Suite 305
Add			Lakeland, FL 33803
X Remove			
2) Change	D	Henry Franco	3020 S. Florida Ave., Suite 305
X Add			Lakeland, FL 33803
Remove			
3)Change			
Add			
Remove			,
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arattach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) date this document was signed.	adoption:	, 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 this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.	
There are no members or me adopted by the board of directions.	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated	9/12/16	
Signature (ulium Scott	
have not	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	_
Willia	am Scott	
	(Typed or printed name of person signing)	
Presid	dent	
<u></u>	(Title of person signing)	

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