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100 June 3-4-09

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: <u>\landsless Cc</u>	ntal Florida Palk	- Grandlest
	Associa	y ia Case Ea Rige E	JUIT, norbstruct
DOCUMENT NUI	MBER: NOGO	748J0000X	
The enclosed Article	les of Amendment and fee a	re submitted for filing.	
Please return all con	rrespondence concerning thi	s matter to the following:	
$\overline{\Delta}$	Sour Dickey (Name of	of Contact Person)	
	lost Central Flor	nda Pollu Procession (m/ Company)	ad Association
41	13 East Modern	(Address)	109
	City/S	tate and Zip Code)	
For further informa	tion concerning this matter,	please call:	
Name	of Contact Person)	at (<u> </u>	ne Telephone Number)
Enclosed is a check	for the following amount m	nade payable to the Florida D	epartment of State:
\$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

West Central Florida	1.9110 B	reasey to	existion Cops For 1	rid
(Name of Corporation as curren	tly filed with	the Florida Dept. of	State Foundation,	<i>ZW</i>
2001011	Soods	748		
(Document Numb	per of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Fine following amendment(s) to its Articles of Inc		, this <i>Florida Not Fo</i>	r Profit Corporation adopts	
A. If amending name, enter the new name of	the corporatio	<u>n:</u> .		
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or				W
B. Enter new principal office address, if appli	cable:		-4 .	
Principal office address <u>MUST BE A STREET</u>			200	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new registered.)	gistered office		enter the name of the	77
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	(Flor	ida street address)		
_			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing thereby accept the appointment as registered position.			ccept the obligations of the	
Sis	gnature of New	Registered Agent, if	 Cchanging	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
E. If amen (attach a	ding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	

The date of each amendmen	t(s) adoption: 1/28/09
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	Jul riemone luc
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Tim DiAmond III. (Typed or printed name of person signing)
-	(Title of person signing)