NO600

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2016

LEANDA BYRON / WALDEN POINTE HOMEOWNERS ASSOC 1907 VIA PALERMO ST PLANT CITY, FL 33566 US

SUBJECT: WALDEN POINTE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N06000009855

We have received your document for WALDEN POINTE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

Letter Number: 316A00019170

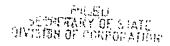
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Walden Pointe Homeo	owners Association,	Inc		
	N06000009855				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Leanda Byron					
	(Name of Contact Per	rson)		
Walden Pointe Homeowners	S				
		(Firm/ Company)	1		
1907 Via Palermo St					
· · · · · · · · · · · · · · · · · · ·		(Address)			
Plant City, FL 33566					
- · · · · · · · · · · · · · · · · · · ·	(City/ State and Zip C	lode)	- · · · · · · · · · · · · · · · · · · ·	
leanda3@hotmail.com					
E	-mail address: (to be used	for future annual repo	ort notification	1)	
For further information conc	erning this matter, please c	all:			
Leanda Byron		at	727	798-0784	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Nur	nber)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A	ddress	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



Walden Pointe Homeowners Association, Inc

2016 SEP 28 PM 12: 10

(Name of Corporation as	currently filed with the Flor	ida Dept. of State)
N06000009855		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>	RESS)	
Enter new mailing address, if applicable:	•	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
). If amending the registered agent and/or register	ed office address in Florida.	enter the name of the
new registered agent and/or the new registered of		<u> </u>
Name of New Registered Agent:		
-		
	(F)	orida street address)
New Registered Office Address:		
_		, Florida (Zip Code)
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	tered 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	Address
1) Change	DVP	Debra Lynn Harnish	1907 Via Palermo St
Add			Plant City, FL 33566
X Remove			
2) Change	DVP	Steven Johnson	1907 Via Palermo St
Add			Plant City, FL 33566
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding addition (attach additional sheets, if neces	nal Articles, ente	r change(s) be	<u>re</u> :			
(attach additional sheets, if neces	ssary). (Be spec	rific)				
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NO6000009855

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) a(CHECK.ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Signature Hands Por	<u> </u>
(By the chairman or vice chairman of the board, president or other officer-if directors	— 28 S
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	SEP 28
Leanda Sue Byron (Typed or printed name of person signing)	9 PM 12:
(Typed or printed name of person signing)	7. E
Director Suretary Treasurer (Fitle: of person. signing)	5
(Fitle of person signing)	