

N080000003111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ADP
7/22/09

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Waters Edge of Polk County
Homeowners Association, Inc.

Thank you!
!!

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☒ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Articles of Amendment
to
Articles of Incorporation
of

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WATERS EDGE OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000003111

(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:

The new 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)

5529 U.S. Highway 98 North

Lakeland, FL 33809

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5529 U.S. Highway 98 North

Lakeland, FL 33809

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:

Joe L. Saunders

New Registered Office Address:

5529 U.S. Highway 98 North

(Florida street address)

Lakeland

(City)

Florida 33809

(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

(Attach additional sheets, if necessary)

(See additional sheet attached)

(attach additional sheets, if necessary). (Be specific)

[illegible]

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP	Donnie L. Tyler	5390 State Road 33 North Lakeland, FL 33805	Remove
DVP	Janice D. Tyler	5390 State Road 33 North Lakeland, FL 33805	Remove
DST	Aaron Tyler	5390 State Road 33 North Lakeland, FL 33805	Remove

The date of each amendment(s) adoption: 7/21/09
(date of adoption is required)

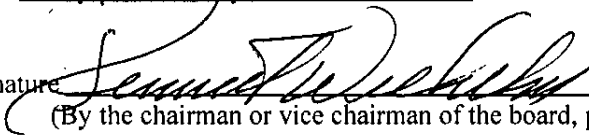
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (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.

Dated 7/21/09

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kenneth Wilhelm
(Typed or printed name of person signing)

President
(Title of person signing)