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TO: Amendment Section Division of Corporations

NAME OF CORPORATION		DS PLANT CITY H	OMEOWNER	RSASSOCIATION, INC.	
DOCUMENT NUMBER:	N08000007663				
	.				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
YVETTE MAUGHAN					
	(Name of Contact Per	rson)	· · · · · · · · · · · · · · · · · · ·	_
WHISPERING WOODS PI	ANT CITY HOA, INC.				
		(Firm/ Company)		
PO BOX 5759					
		(Address)			
PLANT CITY, FL 33563					
	(City/ State and Zip C	Code)		
manager@whisperingwoods	spc.com				
E	-mail address: (to be used	for future annual repo	ort notification	1)	
For further information conc	erning this matter, please c	eall:			
YVETTE MAUGHAN		at _	813	586-4621	
	(Name of Contact Person)		(Area Code)		
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		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
3.0 111 A	44	C.	مممسلمالم المحدد		

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WHISPERING WOODS PLANT CITY HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as curre	ntly filed with the Flo	rida Dept. of State)
N08000007663		
(Document Num	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corport" "Company" or "Co." may not be used in the name.	ation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2018
). If amending the registered agent and/or registered off		cnter the name of the
new registered agent and/or the new registered office	address:	,
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		t the obligations of the position.
	Signature of New Revis	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	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	LARRY KIMBLEY II	P O BOX 5759
Add			PLANT CITY, FL 33563
Remove			
2) Change	P	ALAN NELSON	P O BOX 5759
Add			PLANT CITY, FL 33563
X Remove			
3) Change	VP	RYAN WHITAKER	P O BOX 5759
X Add			PLANT CITY, FL 33563
Remove			
4) Change	S T	MIKE ECHEVARRIA	P O BOX 5759
X Add			PLANT CITY, FL 33563
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sh	ding additional Ar heets, if necessary).	(Be specific)				
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The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not unent's effective date on the Department of State's records.	ot be listed as the
Adc	option 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.	
	08/02/2018 Dated	
	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)	An-administration of the Control of
	YVETTE MAUGHAN	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	