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COVER LETTER

TO: Amendment Section
Division of Corporations

Whaley Cree	k Homeowners Association, Inc
N16000000063 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michael Miller	
	(Name of Contact Person)
Empire Management Group, Inc	
	(Firm/ Company)
770 Almond Ste, Ste A	
	(Address)
Clermont, Fl 34711	
	(City/ State and Zip Code)
mmiller@empiremanagementgrp.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	please call:
Michael Miller	352 535-0099
(Name of Contact P	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F. Certificate of St	Tee & \$\subseteq\$\$\$43.75 Filing Fee & \$\subseteq\$\$\$\$52.50 Filing Fee tatus Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

Articles of Amendment to Articles of Incorporation of

Whaley Creek Homeowners Association, Inc					
<u> </u>	n as curren	tly filed with the Florida De	pt. of State)		
N1600000063					
(Docu	iment Numb	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006 , Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not For Profi</i>	t Carparation adopt	s the follo	wing
A. If amending name, enter the new name of th	<u>ie corporati</u>	on:			
N/A				TL -	
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ion" or "incorporated" or th	e abbreviation "Co		new nc."
B. Enter new principal office address, if application	able:	c/o Empire Management (Group, Inc		
(Principal office address MUST BE A STREET A		770 Almond Street Ste A			
		Clermont, FL 34711			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Empire Management	Group, Inc	ELSS.	UG 22
		770 Almond Street Ste A		<u>rii i</u>	-0
		Clermont, FI 34711		L O	ب
D. If amending the registered agent and/or regi			the name of the	D'A	0
new registered agent and/or the new register					
Name of New Registered Agent:	Empire M	anagement Group, Inc			
	770 Almo	nd Street Ste A			
New Registered Office Address:	:	(Florida stre	eet address)		
	Clermont		. Florida	711	
		(City)	(Zip Code	·)	
New Registered Agent's Signature, if changing I	Registered :	Agent.			
hereby accept the appointment as registered agen	nt. I am fan	ailiar with and accept the obli	igutions of the positi	ion.	
-	Siş	anature of New Registered As	gent, if changing		

Page 1 of 4

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 Doc 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>Mil</u>	in Doc ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Nora Schuster	770 Almond Street
X Add			Ste A
Remove			Clermont, FI 34711
2) X Change	VP	Angel Alfonso	770 Almond Street
Add			Ste A
Remove			Clermont, FI 34711
3) Change	S	Jon Door	770 Almond Street
X Add	<u>—</u>		Ste A
Remove			Clermont, Fl 34711
4) Change	D,S	Richard A Jerman	4700 Millenia Blvd
Add		<u> </u>	Ste 515
X Remove			Ortando, Fl 32839
5) Change	D,VP.T	Joshua Kalin	4700 Millenia Blvd
Add			Ste 515
X Remove			Orlando, Fl 32839
6) Change			
Add			
Remove			

(Be specific)					
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· · · · · · · · · · · · · · · · · · ·	(Be specific)	(Be specific)	ticles, enter change(s) here: (Be specific)	(Be specific)	(Be specific)

Th	. data aftarak a	August 9, 2018	'e a a a
	e date of each amendment this document was signed	· · · · · · · · · · · · · · · · · · ·	, if other than the
Eff	ective date <u>if applicable:</u>	August 9, 2018	
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes east for the amendment(s) pproval.	
	There are no members or adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Augu Dated	Ust 9, 2018 ——DocuSigned by:	
	Signature	Nora Schuster	
	have	e chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	No	ora Schuster	
		(Typed or printed name of person signing)	
	Pri	esident	
		(Title of person signing)	