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# **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: WILLIAMSTOWN HOME MINES ASSOCIATION
DOCUMENT NUMBER: N19000001408
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dicole Mastino
(Name of Contact Person)
Oveleign 3 Jacobs / 10/esty Managentants unification
(Eirfin/Company)
40 HIA Dealk Old = > 0
St Audustial FL Barro
(City/ State and Zip Code)
(Kelefting Star Wolfer Gar - Jacobs Com E-mail address: (to be used for future annual report/rightication)
For further information concerning this matter, please call:
(Name of Contact Person)  at 904-401-5550e  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
$\mathcal{O}$
Certificate of Status  Certificate of Status  Cartificate of Status  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
Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For 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 "corpore" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."	
none de la companya del companya de la companya del companya de la	15 22 22 22 22 22 22 22 22 22 22 22 22 22	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		
(Frincipal office dauress most be A STREET ADDRESS		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	لبه شد	
6		
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the	
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
Name of New Registered rigem.		
·		
New Registered Office Address:	(Florida street address)	
New Registered Office Address.		
	(City) , Florida (City)	
	(City) (Zip Code)	
N' D	d Agents	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I amf	a Agent.  Samiliar with and accept the obligations of the position.	
Thereby decept the appointment as regions on agent. I amy		
	Cionatura of Nau Paristared Agent if changing	
	Signature of New Registered 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>Mil</u>	n Doe se Jones y Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	. (	<u>Addres</u> s		
1) Change	DIS	Wes	HINTON	10475 For	hune PKW	y
Add Remove			^	Jacksonville	2,FL 32	252
2) Change	DTS	Dese	x CitiNO	10475 Fortu	ne Pki	y
Add Remove 3 ) Change	Q	Ahris	Lill	JOCKSONVIIL	e FL 32	22
X_ Add	` <del>-l</del>		)	Suite IND	0 FL 32	25
Remove 4) Change		<del></del>		<u> </u>	<u></u>	~ <i>.</i> /_
Add					2	
5) Change				55 34.7 10		
Add				- <u>-                                  </u>		
6) Change					<u></u>	
Add			Day 2 (64			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption:	, if other than the
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) (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 <u>6-10-2019</u>	
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)	2
( hestophie H. Him	
(Typed or printed name of person signing)	
SZ FORDY RESIDENT	81 t
(Title of person signing)	U)