12/15/2020 (FAX) 101 11:2 11/18/10 te ion of Corporations Electronic Filing Cover Sheet

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(((H20000399012 3)))



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To:	Division of C Fax Number	Corporations : (850)617-6380				
From:	Account Name Account Numbe Phone Fax Number	: GLENN D. STORCH, PA r : I20200000127 : (386)238-8383 : (386)238-0988				
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P.002/006



December 14, 2020

## FLORIDA DEPARTMENT OF STATE

WEXFORD PLANTATION HOMEOWNERS' ASSOCIATION, INC. 2249 OLD DIXIE HIGHWAY ORMOND BEACE, FL 32174

SUBJECT: WEXFORD PLANTATION HOMEOWNERS' ASSOCIATION, INC. REF: N19000010888

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Fax cover page was not received by our office

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.

Yasemin Y Sulker FAX Aud. #: H20000399012 Regulatory Specialist III Letter Number: 920A00025195

P.O BOX 6327 - Tailahassee, Florida 32314

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Wexford Plantation Homeowners' Association, I	Articles of Amend to Articles of Incorpor of				
(Name of Corporation as currently filed with th		<u>e</u> )	,		
N19000010888		_			
(Docu	ment Number of Corpora	ation (if known)			
Pursuant to the provisions of section 617.1006, Fl amendment(s) to its Articles of Incorporation:		da Not For Profit Corporation adopts	the following		
A. If amending name, enter the new name of the Wexford Reserve Homeowners Association, Inc.			The new		
name must be distinguishable and contain the wor "Company" or "Co," may not be used in the nam		orporated" or the abbreviation "Corp	o." or "Inc."		
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STRBET</u>	able: N/A ADDRESS }		,	-	
·····					
		······			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> CV	( <i>BOX</i> ) N/A			2020	
(Mailing addross <u>MAY BE A POST OFFICE</u>	<u>(BOX)</u>			2010 DEC	
(Mailing addross <u>MAY BE A POST OFFICE</u>	istered office address in	Plorida, enter the name of the		2020 DEC 15	
(Mailing address <u>MAY BE A POST OFFICE</u>	istered office address in red office address:	Plorida, enter the name of the		C 15	
(Mailing address <u>MAY BE A POST OFFICE</u> D. If amending the registered agent and/or reg new registered agent and/or the new register <u>Name of New Registered Agent</u> :	istered office address in red office address: N/A	Florida, enter the name of the (Florida strees address)		C 15	
(Mailing address <u>MAY BE A POST OFFICE</u> D. <u>If amending the registered agent and/or reg</u> <u>new registered agent and/or the new registe</u> <u>Name of New Registered Agent</u> :	istered office address in red office address: N/A			C 15	

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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

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P.004/006 (FAX) H200003990123

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, (f necessary)

Please note the officer/director title by the first latter 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: <u>X</u> Change X Remove X Add	<u>PT John F</u> V <u>Mike J</u> SV <u>Sally S</u>	lones	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove 2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
3) Change Add Remove	<u> </u>		·
4) Change Add			
Romove 5) Change			
Add Remove			
ර) Change Add			
Remove	·		

E. If amending or adding additions) Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adopt late this document was signed.	lов:		if other than the
ffective date <u>if applicable</u> :	(no more than 90 days after amendmen	(file date)	
<u>Noto:</u> If the date inserted in this block d locument's effective date on the Depart	loes not meet the applicable statutory filin		listed as the
doption of Amendment(s)	(CHECK ONE)		
-	ed by the members and the number of vot	es cast for the amendment(s)	

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	December 1, 2020
Signature	i h la
•	(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)
	John Collins
	(Typed or printed name of person signing)

President

(Title of person signing)