

N21000012522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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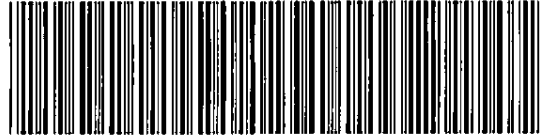
(Business Entity Name)

(Document Number)

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12/14/23--01012--018 \*\*35.00



Articles of Amendment  
to  
Articles of Incorporation  
of

\_\_\_\_\_  
(Name of Corporation as currently filed with the Florida Dept. of State)

\_\_\_\_\_  
(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: **N/A**

\_\_\_\_\_  
*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: 900 EAGLE POND DRIVE  
(Principal office address **MUST BE A STREET ADDRESS**) WINTER HAVEN, FL 33884

C. Enter new mailing address, if applicable: 900 EAGLE POND DRIVE  
(Mailing address **MAY BE A POST OFFICE BOX**) WINTER HAVEN, FL 33884

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: **N/A**

Name of New Registered Agent: \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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*

**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:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)  | <u>Title</u> | <u>Name</u>             | <u>Address</u>   |
|---|--------------|-------------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            | <u>D</u>     | <u>BROEDEL, WAYNE</u>   | <u>3999 W FIRST STREET</u><br><u>SANFORD, FL 32771</u>       |
| <input checked="" type="checkbox"/> Remove                                    |              |                         |  |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            | <u>D</u>     | <u>PRIOR, P. THOMAS</u> | <u>3999 W FIRST STREET</u><br><u>SANFORD, FL 32771</u>       |
| <input checked="" type="checkbox"/> Remove                                    |              |                         |  |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            | <u>D</u>     | <u>PRINCE, IAN</u>      | <u>200 S. F STREET</u><br><u>HAINES CITY, FL 33844</u>       |
| <input checked="" type="checkbox"/> Remove                                    |              |                         |  |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add | <u>PD</u>    | <u>KARTMAN, DONNA</u>   | <u>900 EAGLE POND DRIVE</u><br><u>WINTER HAVEN, FL 33884</u> |
| <input type="checkbox"/> Remove   |              |                         |  |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add | <u>VD</u>    | <u>BEAL, CINDY</u>      | <u>900 EAGLE POND DRIVE</u><br><u>WINTER HAVEN, FL 33884</u> |
| <input type="checkbox"/> Remove   |              |                         |  |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add | <u>STD</u>   | <u>DAWSEY, DERRICK</u>  | <u>900 EAGLE POND DRIVE</u><br><u>WINTER HAVEN, FL 33884</u> |
| <input type="checkbox"/> Remove   |              |                         |  |

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

N/A

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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 12/8/2023

Signature Donna Kartman  
(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)

Donna Kartman  
(Typed or printed name of person signing)

President  
(Title of person signing)