

N22513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300240571813

300240571813
10/11/12--01009--005 **35.00

FILED
2012 NOV 30 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

NOV 30 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: West Line Citrus Growers Association, Inc.

DOCUMENT NUMBER: N22513

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Wynne

Name of Contact Person

Wynne Building Corporation

Firm/ Company

8000 South US Highway 1, Suite 402

Address

Port St Lucie, FL 34952

City/ State and Zip Code

sue@spanishlakes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Magee

at (772) 878-5513

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2012

MATTHEW WYNNE
WYNNE BUILDING CORPORATION
8000 SOUTH US HIGHWAY 1, SUITE 402
PORT ST LUCIE, FL 34952

SUBJECT: WEST LINE CITRUS GROWERS ASSOCIATION, INC.
Ref. Number: N22513

We have received your document for WEST LINE CITRUS GROWERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 912A00025257

Articles of Amendment
to
Articles of Incorporation
of

West Line Citrus Growers Association, Inc.

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

N22513

(Document Number of Corporation (if known))

FILED
2012 NOV 30 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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:
(Principal office address MUST BE A STREET ADDRESS)

8000 South US Highway 1

Suite 402

Port St Lucie, FL 34952

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8000 South US Highway 1

Suite 402

Port St Lucie FL 34952

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:

Name of New Registered Agent: Matthew Wynne

8000 South US Highway 1, Suite 402

(Florida street address)

New Registered Office Address:

Port St Lucie

, Florida

34952

(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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>PD</u>	<u>Steve Cassens</u>	<u>1876 S. Shinn Road</u>
<u> </u> Add			<u>Ft. Pierce, FL 34945</u>
<u>XX</u> Remove			
2) <u> </u> Change	<u>DV</u>	<u>Donald Varn</u>	<u>3601 Gordy Road</u>
<u> </u> Add			<u>Ft Pierce, FL 34945</u>
<u>XX</u> Remove			
3) <u> </u> Change	<u>D</u>	<u>Dan Nelson</u>	<u>5006 Oleander Avenue</u>
<u> </u> Add			<u>FT Pierce, FL 34982</u>
<u>XX</u> Remove			
4) <u>XX</u> Change	<u>P</u>	<u>Matthew Wynne</u>	<u>8000 South US 1</u>
<u> </u> Add			<u>Suite 402</u>
<u> </u> Remove			<u>Port St Lucie, FL 34952</u>
5) <u> </u> Change	<u>STD</u>	<u>Courtney Forget</u>	<u>5501 Eagle Dr</u>
<u> </u> Add			<u>Ft Pierce, FL 34951</u>
<u>XX</u> Remove			
6) <u> </u> Change	<u>VS</u>	<u>Eric Wynne</u>	<u>8000 South US 1</u>
<u>XX</u> Add			<u>Suite 402</u>
<u> </u> Remove			<u>Port St Lucie, FL 34952</u>

Additional officers

7) Add AST

Joel Wynne

8000 South US 1
Suite 402
Port St Lucie, FL 34952

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 10-2-12

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 10/2/2012

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)

Matthew L. Wynne

(Typed or printed name of person signing)

President

(Title of person signing)

Change of Address — Business

▶ Please type or print.
▶ See instructions on back. ▶ Do not attach this form to your return.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

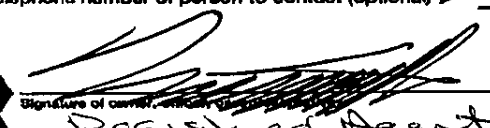
Check all boxes this change affects:

- 1 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 2 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 ☒ Business location

4a Business name Westline Citrus Growers Assoc. Inc.		4b Employer identification number 65-0017562
5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. P.O. Box 613, Ft. Pierce, FL 34954-0613		
Foreign country name	Foreign province/county	Foreign postal code
6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. 8000 South US Highway 1, Suite 402, Port St Lucie, FL 34952		
Foreign country name	Foreign province/county	Foreign postal code
7 New business location, if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address also complete spaces below, see instructions.		
Foreign country name	Foreign province/county	Foreign postal code

8 Signature

Daytime telephone number of person to contact (optional) ▶ **772-875-5513**

Sign Here  Date **1/10/12**

Title **Registered Agent**

Where To File

Send this form to the Department of the Treasury, Internal Revenue Service Center, and the address shown next that applies to you.

If your old business address was in . . .

THEN use this address . . .

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Cincinnati, OH
45999-0023

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States

Ogden, UT
84201-0023

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 5740341

Form **8822-B** (1-2012)