(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



400403169904

RECEIVED

2023 HAR -8 AM 9: 25

3/9/2023

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/08/23

NAME:

WHITLEY ESTATES HOMEOWNERS' ASSOCIATION, INC

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI		ES HOMEOWNERS	ASSOCIATIO	ON, INC.	·
DOCUMENT NUMBER:	N23000002025		···		
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
KERRY ANNE SCHULTZ	:				
		(Name of Contact Po	crson)		
SCHULTZ LAW GROUP,	P.L.L.C.				
		(Firm/ Company	y)		
2779 GULF BREEZE PAR	KWAY				
		(Address)	. ,		
GULF BREEZE, FLORIDA	A 32563				
		(City/ State and Zip	Code)		
kaschultz@schultzlawgrp.c	om				
1	-mail address: (to be use	d for future annual rep	port nouticatio	n)	
For further information con	cerning this matter, please	call:			
KERRY ANNE SCHULTZ		at .	850	754-1600	
	(Name of Contact Person			(Daytime Telephone Num	ıber)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	
圖 \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certii s Certii	0 Filing Fee icate of Status fied Copy tional Copy is osed)	

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

FILED

to	
rticles of Incorporation of	2023 MAR -8 AM S
ION, INC.	SZON
rida Dept. of State)	TALUATI VESEE.
Number of Corporation (if	known)
Statutes, this Florida Not I	For Profit Corporation adopts the following
poration;	
	The new
rporation or incorporati	ea or the appreviation Corp." or "Inc."
	REET
STE 400	
PENSACOLA, FLO	PRIDA 32502
1700 W. MAIN ST	REET
STE 400	
PENSACOLA, FL	ORIDA 32502
d office address in Florid: Nee address:	a, enter the name of the
GORY BORDENKIRCH	ER
W. MAIN STREET STE	400
r	Florida street address)
ISACOLA	Florida 32502
(City)	(Zip Code)
tered Agent: om familiar with and accep	t the obligations of the position.
	7
Signature of New Regis	tered Agent, if changing
	rticles of Incorporation of ION, INC.  rida Dept. of State)  Number of Corporation (if Statutes, this Florida Not Function:  1700 W. MAIN ST.  STE 400  PENSACOLA, FLO  d office address in Florida Tice address: EGORY BORDENKIRCH  O W. MAIN STREET STE  ISACOLA  (City)  tered Agent: com familiar with and accept

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.Chonge X.Remove X. Add	PT John Do Y Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	PD	PAUL A. BATTLE	
x Remove			
2) Change Add	<u>VPD</u>	JASON REBOL	
X   Remove	<u>SD</u>	KERRY ANNE SCHULTZ	
4) Change Add	<u>P</u>	/IM PRIAL	1700 W. MAIN ST STE 400 PENSACOLA, FL 32502
Remove			
5) Change Add	<u>v</u>	CHASE GRUBER	1700 W. MAIN ST STE 400 PENSACOLA, FL 32502
Remove			<del></del>
6) Change x Add	<u>s</u>	ANGELA WISE	1700 W. MAIN ST STE 400 PENSACOLA, FL 32502
Remove			<del></del>
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
<u></u>	<del></del>		<del></del>
		······································	

•		
		<del></del>
		<del></del>
		<del></del>
		<del></del>
<del></del>		
<del>-</del>		· · · · · · · · · · · · · · · · · · ·
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will as epartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(a)	

•

• • • • • • • • • • • • • • • • • • •
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 3/8/33
(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)
Chase Gruber
(Typed or printed name of person signing)
Vice President
(Title of person signing)

•