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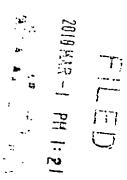
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BENFORD HEIGHTS HOMEOWNERS ASSOCIATION INC. DOCUMENT NUMBER: # N9800004549 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID R. WHANN (Name of Contact Person) (Firm/ Company) 2581 COLONEL FORD DRIVE
(Address)

LAKELAND FL 33813
(City/ State and Zip Code) BENFORD HEIGHTS HOA @ GMAIL, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

Articles of Amendment to

Articles of Incorporation

of

BENFORD HEIGHTS HOMEOU	INER'S ASSOCIATION INC.		
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
#N98000004549	Iv filed with the Florida Dept. of State)		
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporation	on:		
	The new		
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	2581 COLONEL FORD DRIVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	LAKELAND FL 33813		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2581 COLONEL FORD DRIVE LAKELAND FL 33813		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	e address in Florida, enter the name of the		
	VID R. WHANN		
258	1 COLONEL FORD DRIVE (Florida street address)		
New Registered Office Address:			
LAKE	(City) , Florida 33 8 13 (Zip Code)		
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.		
	Dola L		
Sig	gnature of New Registered Agent, if changing		
	'a'		

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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DP AUDREY K LARUE	2437 COLONEL FORD DRIVE LAKELAND FL 33813
2) Change Add Remove	DP DAVID R. WHANA	DRIVE LAKELAND FL 33813
3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: FEBUAR	24 26,	2018	if other than the
iate this document was signed.				
Effective date <u>if applicable</u> :	FEBUARY (no more than 90 a	lays after amendr	20 1 8 nent file date)	
Note: If the date inserted in this locument's effective date on the			ling requirements, this	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app		d the number of	otes cast for the amen	idment(s)
There are no members or n adopted by the board of di		e amendment(s).	The amendment(s) wa	is/were
Dated 2	-26-18			
Signature	i sold 6	<u></u>		
(By the c have no	chairman or vice chairman of to the been selected, by an incorpo- ourt appointed fiduciary by tha	rator - if in the h		
-	DAVID R. U	NHANN		
	(Typed or	printed name of	erson signing)	
•	PRESIDENT			

(Title of person signing)