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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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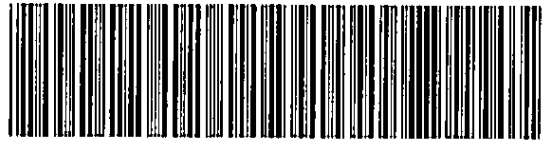
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4/9/21

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Winter Park Renovation, Inc  
DOCUMENT NUMBER: PD 2000 129626

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

Please return all correspondence concerning this matter to the following:

Courtney Vespa  
Name of Contact Person  
WPC  
Firm/ Company  
221 Circle Dr.  
Address  
Maitland, FL 32751  
City/ State and Zip Code

Courtney@wpc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Vespa at ( 407 ) 998-2041  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**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

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Articles of Amendment  
to  
Articles of Incorporation  
of

Winter Park Renovation, Inc

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

P 02000 129626

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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 Jeffrey D. Forrest

221 Circle Dr.

(Florida street address)

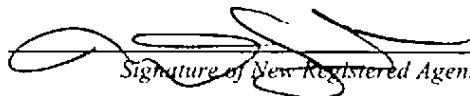
New Registered Office Address: maitland, Florida

(City)

32751 (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

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CLERK OF  
CITY OF  
DA

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

X Add                      SV                      Sally Smith

Address

221 Circle Dr.

~~Remove~~

221 Circle Dr.

X Add

\_\_\_\_\_ Remove

Remove

         Remove

Remove

**E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:**

- ☐ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

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The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

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The additional qualifications of Benefit Director(s), if any, are as follows: \_\_\_\_\_

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The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:

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The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.



**F. FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:**

- ☒ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The public benefit for which the corporation is organized is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

\_\_\_\_\_  
\_\_\_\_\_

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

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

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.

**H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

[illegible]

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/5/21

Signature [Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jeffrey D. Forrest  
(Typed or printed name of person signing)

CEO  
(Title of person signing)




**WAIVER OF NOTICE OF CHANGE OF REGISTERD AGENT**

OF

**Winter Park Renovation, Inc**

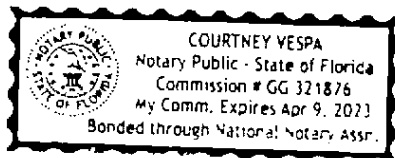
1. The name of the Non-Operating Corporation is Winter Park Renovation, Inc.
2. The address including street and number of its present registered office shown in the records of the Secretary of State of Florida, at the time of this statement is 221 Circle Dr. Maitland, Florida, 32751.
3. The name of the present Officer/Director, as shown in the records of the Secretary of State of Florida, prior to this filing is Tracy S. Forrest, CEO.
4. The name of the present registered agent, as shown in the records of the Secretary of State of Florida, prior to this filing is Tracy S. Forrest.
5. The name of the new Officer/Director is Jeffrey D. Forrest, CEO.
6. The name of the new registered agent is Jeffrey D. Forrest.
7. Such change was authorized by the members of managements as Tracy S. Forrest died in October of 2020.


Winter Park Renovation, Inc.

By:  CEO

State of Florida  
Country of Orange

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 4/5/21 by Jeffrey D. Forrest, of Winter Park Renovation, Inc., a Florida corporation, on behalf of the corporation. He/she is personally known to me or has produced \_\_\_\_\_ as identification.  
\_\_\_\_\_ type of identification



  
Signature of person taking acknowledgment

Courtney Vespa  
Name typed, printed or stamped

E.A  
Title or rank

N/A  
Serial number, if any

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