

PD2000129697

(Requestor's Name)

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(City/State/Zip/Phone #)

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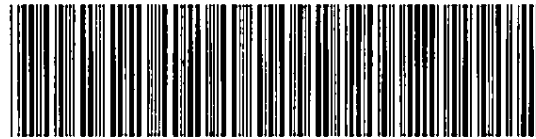
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TL
4/10/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Winter Park Restorations, Inc

DOCUMENT NUMBER: P 02 000 12 96 97

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 &
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Winter Park Restorations, Inc

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

P02000129097

(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

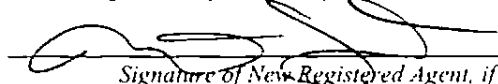
(City)

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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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

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>P</u>	<u>Tracy S. Forrest</u>	<u>221 Circle Dr</u>
<u>Add</u>			<u>Maitland, FL</u>
<u>X</u> Remove			<u>32751</u>
2) <u>Change</u>	<u>P</u>	<u>Jeffrey D. Forrest</u>	<u>221 Circle Dr.</u>
<u>X</u> Add			<u>Maitland, FL</u>
<u>Remove</u>			<u>32751</u>
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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:

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):

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 Benefit Corporation in accordance with s. 607.605, 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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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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[illegible]

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)

President
(Title of person signing)

WAIVER OF NOTICE OF CHANGE OF REGISTERD AGENT

OF

Winter Park Restorations, Inc

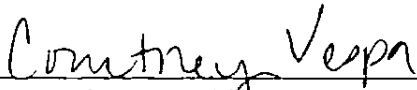
1. The name of the Non-Operating Corporation is Winter Park Restorations, Inc.
2. The address including street and number of its present registered office shown in the records of the Secretary of State of Florida, at the time of this statement is 221 Circle Dr. Maitland, Florida, 32751.
3. The name of the present Officer/Director, as shown in the records of the Secretary of State of Florida, prior to this filing is Tracy S. Forrest, President.
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, President.
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 Restorations, Inc.

By:  President

State of Florida
Country of Orange

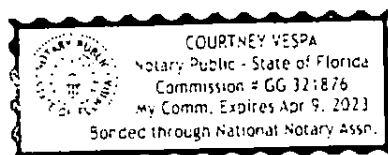
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 4/5/21 by Jeffrey D. Forrest, of Winter Park Restorations, Inc. a Florida corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ as identification.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


Signature of person taking acknowledgment

Courtney Vespa
Name typed, printed or stamped

EA
Title or rank

N/A
Serial number, if any



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