P06000074018

(Re	questor's Name)	
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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: WATER FORD STATION, INC.				
DOCUMENT NUMBER: P06000 74018				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SANDY KNICKERS @ AOC. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SANJRA KNICKER BOCKER at (407) 491-9688 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:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate Copy is enclosed)				

Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

· WATERFORD STATION I		-554-4-)
(Name of Corporation as curren	itly filed with the Florida Dept.	or State)
P0600074018 (Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	• • •	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
MA		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporat	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable:	NA	(7)
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7.	To the second of
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.		e of the
Name of New Registered Agent W/19		
,,,		
(Florida .	street address)	
New Registered Office Address:	,	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		of the position.
Signature of No.	w Pagistared 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	1	KENDRA Juge	1053 Brielle Aue Oviedo PL 32765
X_ Add		· ·	Oviedo, PL 32765
Remove			
2) Change			
Add			
Remove			
3) Change			·
Add			W7A
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Domova			•

E. If amending or adding additional Articles, enter change(s) he (Attach additional sheets, if necessary). (Be specific)	ere:
	LUCIA AS AN OFFICER
please Add KENDRA = of the Corporation	AS TROUSURFR
of the Congression	10 5 (1000000000000000000000000000000000
	<u></u>
	The state of the s
F. If an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not contained	
(if not applicable, indicate N/A)	u in the amenument risen.

The date of each amendment(s) ad	pption:	, if other than the
date this document was signed.		
Effective date if applicable:		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	oved by the sharcholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s).	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and sharehold	er
Dated 10	10/2016	
Signature S	ndia Cuchechoch	
(By a di	rector, president or other officer - if directors or officers have not	
	, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	court
••		
	SANDRA KNICKERBOCKER	
	(Typed or printed name of person signing)	
	President	
·	(Title of person signing)	