P08000024748

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Cascade Properties	s of Polk County, Inc.	
DOCUMENT NU	P08000024748		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	John R. May		
		Name of Contact Person	
	Cascade Properties of Polk C	County, Inc.	
		Firm/ Company	
	115 Bates Avenue SW		
		Address	
	Winter Haven, FL 33880		
	1770	City/ State and Zip Code	
ca	scadepropertiesfl@hotmail.com	. , .	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
John R. May		at () 294.1823
Nan	ne of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depar	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

2016 NOV 28 PM 1: 30

Cascade Properties of Polk County, Inc.			
(Name	of Corporation as current	tly filed with the Florida Dept, of State)	
P08000024748			
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new n	ame of the corporation:		
N/A		The new	
	nation "Corp," "Inc," or '	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address,	if annlicable:	1507 Lakeland Hills Blvd.	
(Principal office address MUST BE A STREET ADDRESS)		Lakeland, FL 33805	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		115 Bates Avenue SW	
		Winter Haven, FL 33880	
D. If amending the registered agent ar			
new registered agent and/or the ne	w registered office address	<u>s:</u>	
Name of New Registered Agent	John R. May		
	115 Bates Avenue SW		
	(Florida st	reet address)	
New Registered Office Address:	Winter Haven	. Florida 33880	
New Aegistereu Office Address.		(City) (Zip Code)	
		,	
New Registered Agent's Signature, if a large lar		t: with and accept the obligations of the position.	
	Jah R 1	Var	
	Signature of New I	Registered Agent of 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.

X Change	PT 1	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Aike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u>	John R. May	115 Bates Avenue SW
(X Add			Winter Haven, FL 33880
Remove			
2) Change			
Add			.
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			

5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	(se specific)
· · · · · · · · · · · · · · · · · · ·	
-	
F. <u>If an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
·	

The date of each amendment(s) adoption: if other than the date this document was signed. 2016 NOV 28 PM 1: 30 December 1, 2016 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 (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. November 21, 2016 Dated Signature (By a director, president of 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) Timothy Alan Lundy (Typed or printed name of person signing) President

(Title of person signing)