P12000021871

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SEARTH OF CORPORATIONS

11 OCT -2 PH 2: 15

C.Lewis JH

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR/	ATION: Willis	Homes And	Company, Inc.
	R: <u>P12000</u>		
The enclosed Articles of	f.Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Calenser Name of Contact Person	
	Willis Ha	Firm/ Company	Company, Inc.
_	<u> </u>	Sheliden S Address	Company, Inc.
-	Hollywax	City State and Zip Cod	2_)
For further information	E-mail address, no be us concerning this matter, pleas	sed for future annual report se call:	notification)
		at (_1
Name of	Contact Person	Area Co	de & Daytime Tetephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amene Divisio Clifton 2661 F	Address Innent Section on of Corporations Building Executive Center Circle assec, FL 32301

	Amendment STATE OF STATE OF CORPORATIONS
willis Hones and	Consery, 120 -2 PM 2: 15
(Name of Corporation as currently filed with the	: Florida Dept. of State)
P1200021871 (Document Number of Corporation	(tf known)
	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	_
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	800 Coeparte Deive
	501te 350
	FORT LAUDIE dele, FL 33334
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	800 CAPORNE DRIVE
	Suite 350
	FORT LAUDERDALE, FL 33334
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr.	
Name of New Registered Agent Rose L	oilk's
BOO Col.	gorate Drive, Suite 350
New Registered Office Address: FORT Land	Table Florida 33334 (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familie	ir with and accept the obligations of the position.
Supplier of New Registers	of Agent, if changing
manufacture of the Measure	and the case of th

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. It 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 4dd.

Example: X Change	PT John D		
<u>Y</u> Remove	<u> </u>		
_y \ad			
	<u>SV Sally S</u>		
ype of Action (Check One)	Ti <u>tle</u>	Name	Address
D Change	P	KRISTIN GLENSON	5830 Shoridan Street
Add			Hollywood, FL
Remove			
[24] Remove			33021
2) Change	_ <u>P</u>	Rose Willis	800 CORPORATE DRIVE
Add			Suite 350
Remove			Foet Leodelde, FZ 33334
3) Change			

Remove			
4) Change	1 2 21 2 1 2 2 2 2 2		
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
Change			
i			
Remove			

ch additional sheets, if necessary).	·		
NA			

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amendment provides for an exch			
visions for implementing the ame (if not applicable, indicate N/.f)	<u>ndment if not con</u>	tained in the amend	nent itself:
(i) not approxime, material iv.1)			
N/A			
- <i>IU/A</i>			
·			
			

the date of each amendment(s) adoption:	9/15/14	JIVISION OF COR	PURATIONS	, if other than the
du : (a)s document was signed. Effective date <u>if applicable</u> :	9/15/14	14 OCT -2 F	H 2: 15	
(n	io more than 90 days aft	er amendment file date	?)	
Adoption of Amendment(s) (CHEC	K ONE)			
The amendment(s) was/were adopted by the shareholders was were sufficient for appr		of votes east for the am	endment(s)	
The amendment(s) was/were approved by the shamust be separately provided for each voting gro				
"The number of votes east for the amendm	ient(s) was/were sufficien	nt tor approval		
hy <u>Keistin Glan</u>	group)	·		
The amendment(s) was/were adopted by the boauction was not required.	rd of directors without st	nareholder action and a	shareholder	
The amendment(s) was/were adopted by the ince action was not required.	orporators without sharel	holder action and share	rholder	
Dated 9/30/14				
Signature The Co.	elan			_
	nt or other officer – if dir ocator – if in the hands of that fiduciary)			
KRi-	(Typed or printed nar	ne of person signing)		_
—PRE	Sidest (Title of news	on signing)		_