

Housing & Neighborhood Development Division  
Housing Development Section  
P.O. Box 9005, Drawer HS04  
Bartow, FL 33831-9005

**SHIP PROGRAM  
HURRICANE HOUSING RECOVERY PROGRAM (HHRP  
REHABILITATION/REPLACEMENT GRANT AGREEMENT  
MODIFICATION No. 2**

This Modification No. 2 to the State Housing Initiatives Partnership (SHIP) Rehabilitation/Replacement Grant Agreement ("Grant Agreement") dated October 24, 2024 as revised by Modification No. 1 dated January 13, 2025 **by and between Polk County, a political subdivision of the State of Florida ("COUNTY"), and Barbara Q. Cox ("OWNER")** (each a "Party" and collectively "Parties"), is entered as of this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

WHEREAS the Parties wish to increase the original grant agreement to cover cost of additional recording fees.

NOW, THEREFORE, for and in consideration of the premises and the mutual promises and agreements herein, the parties hereto agree as follows:

1. Section 1 of the modified Grant Agreement is hereby amended to read as follows:

The OWNER(S) agree(s) to accept an increase of: Sixty and No/100 Dollars (\$60.00) to the original grant agreement to be used for construction soft costs and temporary relocation benefits. This increase is a result of modifications made to the original estimated recording costs.

2. This Amendment 2 is hereby made a part of the Grant Agreement. All provisions of the Grant Agreement not in conflict with this amendment are still in effect.

[SIGNATURES APPEAR ON NEXT PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized officers.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Barbara Q. Cox

\_\_\_\_\_  
Printed Name of Witness

Address of Witness

Housing & Neighborhood Development  
1290 Golfview Avenue, Suite 167  
P. O. Box 9005 Drawer HS04  
Bartow, FL 33831-9005

**ATTEST:**

**CLERK OF COURT**

**STACY M. BUTTERFIELD**

**Polk County Florida, a political subdivision  
of the State of Florida**

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
T. R. Wilson, Chair                      Date  
Board of County Commissioners

**STATE OF FLORIDA**  
**COUNTY OF POLK**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 2025, by Barbara Q. Cox, who ☐ is personally known to me or ☐ has produced \_\_\_\_\_ as identification.

(AFFIX NOTARY SEAL)

\_\_\_\_\_  
Notary Public  
Print Name \_\_\_\_\_  
My Commission Expires \_\_\_\_\_