

This Document Prepared By:
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STATE HOUSING INITIATIVE PARTNERSHIP PROGRAM (SHIP) REHABILITATION/REPLACEMENT GRANT AGREEMENT MODIFICATION

This Modification to the State Housing Initiatives Partnership (SHIP) Rehabilitation/Replacement Grant Agreement (“Grant Agreement”) dated August 15, 2025 by and between Polk County, a political subdivision of the State of Florida (“COUNTY”), and Daryn L. Wiggins and Valerie Wiggins, (“OWNER(S)”) (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 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 is hereby amended to read as follows:

The OWNER(S) agree(s) to accept an increase of \$45.00 to the original grant agreement to be used for additional recording fees. This increase is a result of modifications made to the original estimated recording costs.

2. This Amendment 1 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 on next page]

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

Attest:

Owner(s):

Witness

Daryn L. Wiggins, Sr.

Print Name of Witness
Witness Address:
1290 Golfview Avenue
P.O. Box 9005 Drawer HS04
Bartow, FL 33831-9005

Witness

Valerie Wiggins

Print Name of Witness
Witness Address:
1290 Golfview Avenue
P.O. Box 9005 Drawer HS04
Bartow, FL 33831-9005

Attest:

Stacy M. Butterfield, Clerk

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

BY: _____
Deputy Clerk

T. R. Wilson, Chair Date
Board of County Commissioners

[Notary Certificate on next page]

**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 Daryn L. Wiggins, Sr., who is personally known to me or has produced _____ as identification.

(AFFIX NOTARY SEAL)

Notary Public
Print Name _____
My Commission Expires: _____

**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 Valerie Wiggins, who is personally known to me or has produced _____ as identification.

(AFFIX NOTARY SEAL)

Notary Public
Print Name _____
My Commission Expires: _____