

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

This Modification to the State Housing Initiatives Partnership (SHIP) Rehabilitation/Replacement Grant Agreement ("Grant Agreement") dated \_\_\_\_\_ by **and between Polk County, a political subdivision of the State of Florida ("COUNTY"), and Vera Jane Hurlbut, ("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 is hereby amended to read as follows:

The OWNER(S) agree(s) to accept an increase of \$67.00 to the original grant agreement to be used for additional recording fee. 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 the following page]

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

Attest:

Owner(s):

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Vera Jane Hurlbut

\_\_\_\_\_  
Print Name of Witness

Witness Address:

Housing & Neighborhood Development  
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

**STATE OF FLORIDA  
COUNTY OF POLK**

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

(AFFIX NOTARY SEAL)

\_\_\_\_\_  
Notary Public

Print Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_