717022

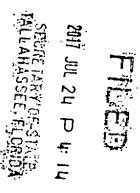
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAY POINT PLAZA CONDOMINIUM	ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
BARBARA J. PRASSE, ESQ.	
(Name of Contact Pe	rrson)
BARBARA J. PRASSE, P.A.	
(Firm/ Company	2)
P.O. BOX 173497	
(Address)	
TAMPA, FL 33672	
(City/ State and Zip 0	Gode)
kbrowder@ameritechmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please call:	
BARBARA PRASSE at	813 258-4422
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida E	epartment of State:
\$35 Filing Fee \$\B\$43.75 Filing Fee \$\B\$Certificate of Status	Certificate of Status
Amendment Section Arr Division of Corporations Div P.O. Box 6327 Cli Tallahassee, FL 32314 266	eet Address lendment Section vision of Corporations fton Building 1 Executive Center Circle lahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BAY POINT PLAZA CONDOMINIUM ASSOCIATION, INC.

BAT TORT TERM CONDOMINION ASSOCIATION, INC.	
(Name of Corporation as currently filed y	vith the Florida Dept. of State)
717022	
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:	orida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "Company" or "Co," may not be used in the name.	incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
new registered agent and/or the new registered office address.	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature o	f New Registered Agent, if Tanging
	AHA JE T
Page 1 of	22 P

address of each Offic (Attach additional she Please note the officer P = President; V= Vic	er and/or l ets, if neces /director tice ee Presiden O = Chief l	Director being added: ssary) tle by the first letter of the offict; T= Treasurer; S= Secretary Financial Officer. If an officer	d name of each officer/director being removed and title, name, and the title: The Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Idirector holds more than one title, list the first letter of each office
a change, Mike Jones	leaves the c		ohn Doe is listed as the PST and Mike Jones is listed as the V. There is ned the V and S. These should be noted as John Doe, PT as a Change,
Example: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			

_ Add

_ Remove

n may be proposed by either the Board
of any proposed amendment, shall be by
present in person or by proxy at an annual or
<u>.</u>
,

04/10/17	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
04/10/17 Effective date if applicable:	
(no more than 90 da	vs after amendment file date)
Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's records	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	nmendment(s). The amendment(s) was/were
Dated 7/6/7 Signature	
(By the chairman of th	board, president or other officer-if directors
other court appointed fiduciary by that	tor – if in the hands of a receiver, trustee, or fiduciary)
	Danler
(Typed or p	inted name of person signing)
Pres	
(Title of person signing)