## 749633

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Adair	Condominiums Management I	ne,
DOCUMENT NUMBER: 74963	3	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	<u>:</u>
Please return all correspondence concerning this matter	r to the following:	製
Alton G. P	(Name of Contact Person)	SET TO
	inited for filing.  It to the following:  (Name of Contact Person)  ominiums Management Inc.  (Firm/ Company)	2
627 Laker	view Street (Address)	
Oclando, FL	City/ State and Zip Code)  Its angle comparing the company constitution of the company constitution of the	
For further information concerning this matter, please c	9	
(Name of Contact Person)  Enclosed is a check for the following amount made pay	at 407 432-6419 (Area Code) (Daytime Telephone Number)  vable to the Florida Department of State: already Sent	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	•	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation $\mathbf{of}$

Hagir Condominiums Management Li
(Name of Corporation as currently filed with the Florida Dept. of State)
749633 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Oclando, FL 32804
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Drlando, FL 32804
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent: 61700 C - Pitts
627 Lakeview Street
(Florida street address) <u>New Registered Office Address:</u>
Oclands         Florida         32804           (City)         (Zip Code)
New Registered Agent's Signature, if changing Registered Agent;
I hereby accept the appointment as registered agent. I am familiarly but and accept the obligations of the position.  Signature of New Registered Agent, Changing

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. If 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 Add

Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PDS	James C Castle	Orlando, FL 32804
2) Change Add	10	Robert Manly	1105 Edgewater Drive Orlando, FL 32804
3) Change Add Remove	PD	Alton G Pitts	621 hakeview Street Orlando, FL 32804
4) Change Add Remove	<u>10</u>	Xquier Foussereau	1103 Edgewater Drive Orlando, FL 32804
5) Change Add Remove	_D_	Saad Alam	1107 Edgewater Drive Drlando, FL 32804
6) Change Add Remove			
Keniove			<del></del>

f amending or adding additional Arti- utach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) acdate this document was signed.	loption: 4-2-17	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ick does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as was/were sufficient for approva	dopted by the members and the number of votes east for the al.	amendment(s)
☐ There are no members or members adopted by the board of directors.	pers entitled to vote on the amendment(s). The amendment(ors.	s) was/were
Dated	5-17	
Signature	Way A Vella	
have not be	man or vice chairmantor the board, president or other office en selected, by an incorporator – if in the hands of a receive appointed tiduciary by that tiduciary)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	