

N000000007419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

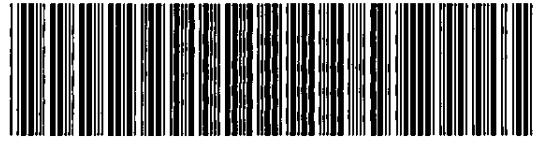
(Business Entity Name)

(Document Number)

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11 JAN 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DN 1-24-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2011

RAVI GAUR
SOUTH MANDARIN BUSINESS PARK ASSOCIATION
12412 SAN JOSE BLVD, STE 304
JACKSONVILLE, FL 32223

SUBJECT: SOUTH MANDARIN OFFICE PARK CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N00000007419

We have received your document for SOUTH MANDARIN OFFICE PARK
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

Please check the appropriate box on the amendment form regarding the
adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 211A00000961

RECEIVED
11 JAN 21 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: South Mandarin Office Park Condominium Association

DOCUMENT NUMBER: N00000007419

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ravi Gaur

(Name of Contact Person)

South Mandarin Business Park Association, Inc

(Firm/ Company)

12412 San Jose Boulevard, Suite 3014

(Address)

Jacksonville, FL 32223

(City/ State and Zip Code)

gaurravi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ravi Gaur

(Name of Contact Person)

at (904) 386-8985

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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
of

South Mandarin Office Park Condominium Association, Inc .

(Name of Corporation as currently filed with the Florida Dept. of State)

N00000007419

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

South Mandarin Business Park Association, Inc

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)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Signature Realty & Mgt

New Registered Office Address:

Bryan Conwell

(Florida street address)

4003 Harley Rd, Florida FL

(City) Jacksonville (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.

X Bryan Conwell

Signature of New Registered Agent, if 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: October 14, 2010

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/7/2010

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ravi Gaur

(Typed or printed name of person signing)

President

(Title of person signing)