

1103025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

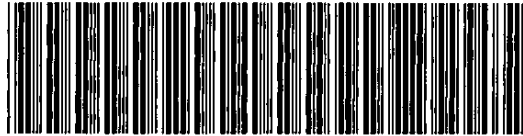
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Amended
Sgl*

06 JUN 12 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Executive West Office Condominium Association, Inc.

DOCUMENT NUMBER: Charter number N03025

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

Please return all correspondence concerning this matter to the following:

Danny C. Odom
(Name of Contact Person)

State Farm Insurance
(Firm/ Company)

2815 W New Haven Ave Suite 204
(Address)

W Melbourne FL 32904
(City/ State and Zip Code)

For further information concerning this matter, please call:

Danny C. Odom at (321) 723-6366
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

FILED

06 JUN 12 AM 11:46

Executive West Office Condominium Association
(Name of corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document number of corporation (if known))

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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article XIV - Indemnification of officers and Directors

Officers: Danny C. Odom, President 2815 W New Haven Ave
Suite 204
W Melbourne FL 32904

Deatra McGuire, Vice-President McGuire Properties
PO Box 650758
Vero Beach FL 32963

James Rowse, Secretary
Treasurer Professional Massage Center, Inc.
2381 Arizona St
Melbourne FL 32904

(Attach additional pages if necessary)
(continued)

Directors: Danny C. Odom, President

2815 W New Haven Ave
Suite 204
W Melbourne FL 32904

Deatra McGuire, Vice-President

McGuire Properties
PO Box 650758
Vero Beach FL 32965

James Rowse, Secretary
Treasurer

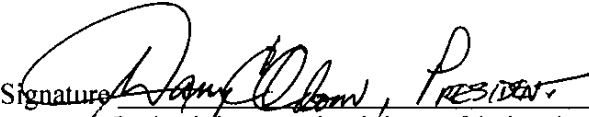
Professional Massage Center, Inc.
2381 Arizona St
Melbourne FL 32904

The date of adoption of the amendment(s) was: 05/12/2006

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

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.)

Danny C. Odom,
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35