

ND5000007584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

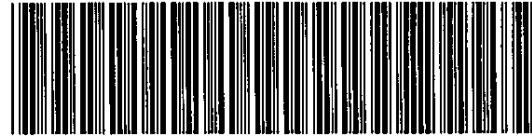
(Business Entity Name)

(Document Number)

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09/19/14--01013--004 \*\*35.00

14 SEP 19 PM 3:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*L. Lewis  
9-26-14*

Articles of Amendment  
to  
Articles of Incorporation  
of

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Oldsmar Galleria Condominium Association, Inc.

14 SEP 19 PM 3:17

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

87-0788754

NO500000 7584

(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:

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

N/A

*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**)

Stays the Same

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

Stays the Same

**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: Stays the Same

(Florida street address)

New Registered Office 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 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)*

*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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pres</u>	<u>Dr. Rick Sponaugle</u>	<u>7906 Evolutions Way</u> <u>Ste 210</u> <u>Trinity, FL 34655</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Kim Sponaugle</u>	<u>7906 Evolutions Way</u> <u>Ste 210</u> <u>Trinity, FL 34655</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Sec</u>	<u>Phillip Johnson</u>	<u>7906 Evolutions Way</u> <u>Ste 210</u> <u>Trinity, FL 34655</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Pres</u>	<u>Andrew Bolnick</u>	<u>P.O. Box 1469</u> <u>Port Richey, FL 34673</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Sec</u>	<u>Erica Anderson</u>	<u>P.O. Box 1469</u> <u>Port Richey, FL 34673</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



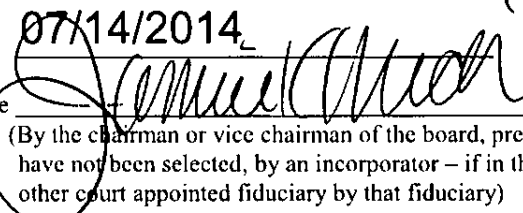
The date of each amendment(s) adoption: June 30, 2014 if other than the date this document was signed.

STATE OF CALIFORNIA  
DIVISION OF CORPORATIONS

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date) **11 SEP 19 PM 3:17**

**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 07/14/2014  
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)

**Jamie K. Mick**  
\_\_\_\_\_  
(Typed or printed name of person signing)  
**Registered Agent**  
\_\_\_\_\_  
(Title of person signing)