N06000012723

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SECRETARY OF STATE

Amend C.COULLIETTE

JUL 0 9 2009

EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: OCEANIQUE OCEANIFICONT CONDONINUM ASSOC. INC. NO6000012723 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HEATHER JENKINS
(Name of Contact Person) OCEANIQUE OCEANFRONT CONDOMINIUM ASSOC. INC.
(Firm/Company) P.O. Box 320637

(Address)

CocoA BEACH, FL. 32932 - 0637

(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HEATHER JENKINS at (321) 453-5360

(Name of Contact Person) (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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OCEANIQUE OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed	with the Florida Dept. of Stat	<u>e</u>)
NOG000D1272	3	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporation		ofit Corporation adopts
A. If amending name, enter the new name of the corp	oration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n	word "corporation" or "incornay not be used in the name.	porated" or the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)	S O
C. Enter new mailing address, if applicable:		SSE SSE
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		r the name of the
Name of New Registered Agent:		-
New Projections of Office Address	(Florida street address)	-
New Registered Office Address:	(Fiorida sireel daaress)	
	(City)	, Florida (Zip Code)
	(City)	(zip code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.	ered Agent: I am familiar with and accept	the obligations of the
	of New Registered Agent, if chan	 ging

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> **Type of Action** <u>Name</u> <u>Address</u> SHAFER ZYSMAN DIRECTOR 4160 N. AIA # 504A **⊠** Add FT PIERCE 12. 34949 ☐ Remove ☐ Add ☐ 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: July 2	, 2009	
Effective date <u>if applicable</u> :			
Adoption of Amendment(s)	(CHECK ONE	D	
The amendment(s) was/we was/were sufficient for app		nd the number of votes cast for	the amendment(s)
There are no members or adopted by the board of di		he amendment(s). The amendment	nent(s) was/were
Dated	Dey 2,2009	<u> </u>	
Signature		,	
hav		an of the board, president or of a corporator — if in the hands of that fiduciary)	
	HEATHER (Typed or print	TENKINS ed name of person signing)	
	SECRETAR!	y nerson signing)	