NO7000007929

(Requestor's Name)		
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORID

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November 2, 2010

CITY WALK COMMERCIAL CONDOMINIUM INC BHAGWAN ASNANI P O BOX 953966 LAKE MARY, FL 32795

SUBJECT: CITY WALK COMMERCIAL CONDOMINIUM ASSOICATION, INC.

Ref. Number: N07000007929

We have received your document for CITY WALK COMMERCIAL CONDOMINIUM ASSOICATION, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

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: 210A00025757

City Walk Commercial Condominium Inc

P. O. Box 953966, Lake Mary, Fl 32795

Tel: 386 527 8888

October 10, 2010

Registration Section
Division of Corporation
P. O. Box 6327
Tallahassee, Fl 32314

Re: Change of Name

Dear Sir or Madam:

The enclosed Articles of Amendment and fees are submitted for filing. Pleaser return all correspondence to the above address. The email is Bagasnani@msn.com.

Enclosed fee of \$55.00 covering filing fee and Certificate of Status.

For further information concerning this matter please call Bhagwan Asnani, Tel 386 527 8888.

Yours truly

Bhagwan Asnani

President

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CITY WALK COMMERCIAL CONDOMINIUM /NC			
DOCUMENT NUMBER: N 07000007929			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
BHAGWAW ASNAWI (Name of Contact Person)			
(Firm/ Company)			
P. O. Box 953966 (Address)			
LAKE MARY, PL 32795 (City/State and Zip Code)			
Bagasnani @ MSN. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Bhagwan Asnan'i at (386) 527, 8888 (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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is \\ enclosed) \\ (Additional Copy \\ is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

CITY WALK Commercial (Name of Corporation as current)	Consominum States Reparced, INC
(Name of Corporation as current)	v filed with the Florida Dept. of State) ORIGA
	007929
	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incor	orida Statutes, this Florida Not For Profit Corporation adopts reporation:
A. If amending name, enter the new name of th	e corporation:
CMP Comm	ERCIAL CONDOMINIUM INC
The new name must be distinguishable and conto	ain the word "corporation" or "incorporated" or the
abbreviation "Corp." or "Inc." "Company" or	
B. Enter new principal office address, if applica	(Danirga)
(Principal office address MUST BE A STREET A	Suite C-217
	Palm Coast, FC 32164
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) P. O. BOX 953966
	Lake Mary
•	FL 32795
	700210
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the name of the
	SAME
Name of New Registered Agent:	-110
New Registered Office Address:	(Florida street address)
	, Florida (City) (Zip Code)
N. D. State J. A. Chandra Chandra	Destant Asset
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ag	Registered Agent: gent. I am familiar with and accept the obligations of the
position.	11/4-
	NA
Sign	ature of New Registered Agent, if changing

Page 1 of 3

Articles of Amendment to Articles of Incorporation of

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>	Name	Address	Type of Action
	N/A		□ Add □ Remove
		5	Li Remove
			Remove
E. If amend	ding or adding additional Articles dditional sheets, if necessary). (B	, enter change(s) here: e specific)	
		47	
			•
			
	 		
<u></u>			

The date of each amendment(s) adoption:	SEPTEMBER 10-201
., .	(date of adoption is required)
Effective date <u>if applicable</u> : (no mo	ore than 90 days after amendment file date)
	UPCV ONE)
Adoption of Amendment(s) (CI	HECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
Dated_DEC_2	28 2010
	vice chairman of the board, president or other officer-if directors
	eted, by an incorporator – if in the hands of a receiver, trustee, or etd fiduciary by that fiduciary)
	yped or printed name of person signing)
	President
·	(Title of person signing)