ND7000009434

(Re	questor's Name)	,		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	∋ #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Interchange Commerc	ial Center Property	Association, Ir	nc.
DOCUMENT NUMBER:	N07000009434			
The enclosed Articles of Am	nendment and fee are subm	itted for filing.	ı	
Please return all corresponde	ence concerning this matter	to the following:		
		Joseph O. DeMars	sh	
		Name of Contact Pe	erson)	
	Interchange Cor	nmercial Center Pro	perty Associat	ion, Inc.
		(Firm/ Company	/)	
		833 Yale Roa	d	
		(Address)		
		DeLand, FL 327	7 24	
	(City/ State and Zip	Code)	
		el@epictheatres.co	om	
3	-mail address: (to be used	for future annual rep	ort notification	n)
For further information conc	erning this matter, please c	ail:		
	Joseph O. DeMarsh	at	(386)	736-6830
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing A	Address	Sti	reet Address	tau.

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Interchange Commercial Center Property Association, Inc.

(Name of Corporation	as current	ly filed with the Florida Dept. of St	tate)
	N07	000009434	
(Docum	ent Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not For Profit Corpo</i>	ration adopts the following
A. If amending name, enter the new name of the	corporatio	on;	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated" or the abbre	viation "Corp." or "Inc."
B. Enter new principal office address, if applicat	ole:	833 Yale Road	
(Principal office address <u>MUST BE A STREET ADDRES</u>		DeLand, FL 32724	
	,		"
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)	N/A	
			201 F
D. If amending the registered agent and/or regist	tered office	e address in Florida, enter the nam	e of the
new registered agent and/or the new registere			
Name of New Registered Agent:	N/A		
New Registered Office Address:		(Florida street addre	(a) Sin 53
	N/A		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			s of the position.
		·	
	Sis	enature of New Registered Agent. if a	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: X Change X Remove X Add	V Mi	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	DeMarsh, William F.	Post Office Box 2076
Add X Remove			DeLand, FL 32721
2) Change	D	DeMarsh, Clint	Post Office Box 2076
Add X Remove			DeLand, FL 32721
3) Change	<u>D</u>	Lawrence, Edith P.	Post Office Box 2076
Add X Remove			DeLand, FL 32721
4) Change	<u>D</u>	DeMarsh, Joseph O.	833 Yale Road
X Add			DeLand, FL 32724
Remove 5) Change	<u>D</u>	DeMarsh, William F. Jr.	833 Yale Road
X Add			DeLand, FL 32724
Remove			
6) Change			
Remove			

i. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
· · · · · · · · · · · · · · · · · · ·	· · · · · ·				<u> </u>	
			· · · · · ·		·	
				•		
						
		<u> </u>				

	12/12/2016	
	te this document was signed.	, if other than the
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	will not be listed as the
Ad	loption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	t(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	e
	12/12/2016 Dated	
	Signature William F. Delland	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator—if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)	
	William F. DeMarsh	
	(Typed or printed name of person signing)	_
	Director	
	(Title of person signing)	_