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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

The Semoran Busin NAME OF CORPORATION:	ness Center Condon	ninium Asso	ciation, Inc
N11997 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	aland for filling		
The enclosed Articles of Amenament and fee are subm	inted for ming.		
Please return all correspondence concerning this matter	r to the following:		
Gabe Stewart			
(	(Name of Contact Per	son)	
SBC COA Board			
	(Firm/ Company)		
112 Long Leaf Lane			
	(Address)		
Altamonte Springs, FL 32714			
(	(City/ State and Zip Co	ode)	
sbccoapresident@gmail.com			
E-mail address: (to be used	for future annual repo	rt notification	1)
For further information concerning this matter, please c	call:		
Gabe Stewart	at -	704	794-2083
(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address	Street Address		
Amendment Section	Ame	ndment Secti	ion

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 of

The Semoran Business Center Condominium Association, Inc.

(Name of Corporation	as currently filed with the Fl	orida Dept. of State)
N11997		<del></del> -
(Docu	ment Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not</i> a	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation;	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ted" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applic:</u> (Principal office address <u>MUST BE A STREET</u> )		
	<del></del>	
C. Enter new mailing address, if applicable:		78
(Mailing address MAY BE A POST OFFICE	BOX)	SE SE T
		至
		in a
D. If amending the registered agent and/or regi	stered office address in Florid	a, enter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent:	Gabe Stewart	Ōr: •
	112 Long Leaf Lane	
Vina Braint and Office Odde von		(Florida street address)
<u>New Registered Office Address</u>	Altamonte Springs	22714
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		pt the obligations of the position.
	Signature (Now Page	istered 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:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Gabe Stewart	112 Long Leaf Lane
X Add			Altamonte Springs, FL
Remove			32714
2) Change	PD	Bo Stewart	112 Long Leaf Lane
Add			Altamonte Springs, FL
x Remove			32714
3 ) Change			<del></del>
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary)	). (Be specific	:)				
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will reartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
☐ There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ars.	
Dated	7 23 2018	
Signature	man or vice chairman of the board, president or other officer-if directors	
have not bee	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Resident (Title of person signing)	
	(Title of person signing)	