

196000003618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL <sup>o</sup>

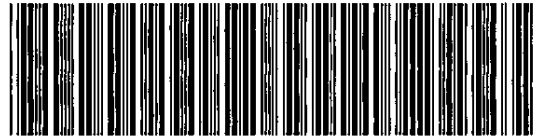
(Business Entity Name)

(Document Number)

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2017 MAY 12 P 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 17 2017

T. LEMIEUX

A handwritten signature in black ink, appearing to be 'R' or similar, located at the bottom right of the page.



Squire Patton Boggs (US) LLP  
200 South Biscayne Boulevard, Suite 4100  
Miami, Florida 33131

O +1 305 577 7000  
F +1 305 577 7001  
squirepattonboggs.com

Thomas V. Eagan  
T +1 305 577 2814  
thomas.eagan@squirepb.com

May 11, 2017

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Atlantic Princess Condominium Association, Inc., a Florida not-for-profit corporation, document number N96000003618

Dear Ladies or Gentlemen:

Enclosed please find the original Articles of Amendment to Articles of Incorporation of Atlantic Princess Condominium Association, Inc., a Florida not-for-profit corporation. In addition, I have enclosed my check in the amount of \$35.00, in connection with filing fee.

Kindly call if you have any questions regarding the foregoing.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas V. Eagan", written over a horizontal line. The signature is stylized and includes a long horizontal stroke extending to the right.

Thomas V. Eagan

Enclosures

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Atlantic Princess Condominium Association, Inc.

DOCUMENT NUMBER: N9600003618

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas V. Eagan  
(Name of Contact Person)

Squire Patton Boggs (US) LLP  
(Firm/ Company)

200 South Biscayne Boulevard, Suite 4700  
(Address)

Miami, FL 33131  
(City/ State and Zip Code)

thomas.eagan@squirepb.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas V. Eagan at 305 577-2814  
(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 & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Atlantic Princess Condominium Association, Inc.

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

N96000003618

(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:**

\_\_\_\_\_ *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)*

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

**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:* \_\_\_\_\_

\_\_\_\_\_  
*(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*

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2017 MAY 12 P 3:44  
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TALLAHASSEE, FLORIDA

**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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Fredrick Korallus</u>	<u>200 South Biscayne Boulevard</u> <u>Suite 4700</u> <u>Miami, FL 33131</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP/T</u>	<u>David Harris</u>	<u>200 South Biscayne Boulevard</u> <u>Suite 4700</u> <u>Miami, FL 33131</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Paul Slimming</u>	<u>200 South Biscayne Boulevard</u> <u>Suite 4700</u> <u>Miami, FL 33131</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP/T</u>	<u>Matthew Leitch</u>	<u>200 South Biscayne Boulevard</u> <u>Suite 4700</u> <u>Miami, FL 33131</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>



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


Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 May 11, 2017

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)

Thomas V. Eagan

(Typed or printed name of person signing)

Vice President and Authorized Representative

(Title of person signing)