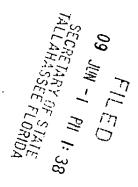
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Special Instructions to F	Filing Officer:	
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06/01/09--01014--021 \*\*35.00





#### **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Square A.	ssociation, Inc.
DOCUMENT NUMBER: 72535	5	
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	·
Nancy (Name of Co	ntact Person)	
Stevens	+ Goldwyn,	P.A.
(Add	lessity Drive 7	•
Plantation (City/State a	FL 333	324
For further information concerning this matter, plea		
$\Omega$ $\wedge$ )	at (914) 45 (Area Code & Daytime Te	8-9353 elephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depar	tment of State:
\$35 Filing Fee \$Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	. *

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
Articles of Incorporation
of The state of th
Birch Square Association Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
72355
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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 <u>MUST BE A STREET ADDRESS</u> )
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: Stevens 3 Goldwyn, P.A.
New Registered Office Address: 2 South University Drive, # 315  New Registered Office Address: (Florida street address)  Plantation, Florida 33324
(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

Page 1 of 3

### 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>	<u>Name</u>	Address	Type of Action
D	Broce Morey	3003 Terramer, 1205 Ft. Landerdale, FL 33304	Add Remove
SD	Paul D'Innocenz	3003 Tellumar Ft. Landerdul FL 33364	Add Remove
<u>D</u>	James Barton	3003 Trilamar Ft. Landadale, Fl. 33304	Add Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		

#### 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>	<u>Name</u>	Address	Type of Action
<u>50</u>	Divid Keindl	3063 Terremor701 Ft. Landordule EL 33304	Add Remove
<u>P</u>	Davidkeindl	3003 Tellumar, 701 Et. Larderdele EL 33304	Add Remove
PD	Bruce Morey	3003 Tellamar, 1205 Et. Landerdale, EL 33304	
	ing or adding additional Articles, enter iditional sheets, if necessary). (Be specif		

## 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>	<u>Name</u>	Address	Type of Action
D	Jayce Keindl Robert Todoroff	3003 Tellama/ Ft. Linderdale, Fe 33304	Add Remove
D	Robert Todoroff	3003 Tellamo- Ft. Laudocduk Fi 33304	Add  Remove
	·		Add Remove
	ng or adding additional Articles, enter c itional sheets, if necessary). (Be specific		

The date of each amendment	(s) adoption: 4/23/09
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	5/7/2009 May 12-50 Noshitt
(By	the chairman of vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	MARY ROSE NESBITT  (Typed or printed name of person signing)
	TREASURER
	(Title of person signing)