n07000002747

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TIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: 35 TH STREET CONCOMINIUM ASSOCIATION INC. N07000002747 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VASON MORGAN
(Name of Contact Person) 35 th STREET CONDOMINIUM ASSOCIATION, INC. 11905 NW 35 th STREET, BAY #2 CORAL SPRINGS, FL 33065 1ah50n 07 @ be 1/500th . net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kimberly Newsone at 954 742.0574

(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 \$\text{Certificate of Status}\$\$ Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (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

35 TH STREET CONDOMINIO	m ASSOCIATION, INC.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
ND7000002747	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	tion:
N/A	The new
name must be distinguishable and contain the word "corpora	tion" 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	DAY # D
C. Enter new mailing address, if applicable:	PORAL SPRINGS, FL 33065
(Mailing address MAY BE A POST OFFICE BOX)	11905 NW 35 STREET BAY #2 CORAL SPRINGS, FL 33065
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:
Name of New Registered Agent: VASDN	MORGAN
11905 N	W 35 STREET, BAY#2
New Registered Office Address:	
CORALS	FRINGS Florida 33065 (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature of New	Registered Agent, if changing

Page 1 of 4

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 Mik	<u>i Doc</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	GREGG BERGER	5359 NOBHILL RD. SUNRISE, FL 33351
2) Change Add	Δ	ANDREW BEHM	5359 NOBHILL RD. SUNRISE, FL 33351
Remove 3) Change Add Remove	<u> </u>	JASON MORGAN	11905 NW 35 ST. BAY #2 CORAL SFRINGS FL 33065
4) Change Add Remove		Tim THOMPSON	11905 NW 35 57. BAY #2 CORAL SPRINGS, FL 33065
5) Change Add Remove	エ	RICHARD LANGNAS	11905 NW 35 ST. BAY # 2 Coral Springs, FL 33065
6) Change Add Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
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	(attach additional sheets, if necessary).

The date of each amendment(s) adoption:		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 10/15	-//3	
Signature		
have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
<u> </u>	ASON MORGAN Typed or printed name of person signing)	
	Typed or printed name of person signing)	
7	PRESIDENT	
	(Title of person signing)	