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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL MAIL |
| (Bu | siness Entity Name) |) |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Amend | lment | Section | |
|-----|---------|-------|------------|---|
| | Divisio | n of | Corporatio | n |

| NAME OF CORPORATION | Hamlin Industrial Co | enter Condominium z | Association, 1 | nc. | |
|-------------------------------|--|--|-------------------------|--|------|
| DOCUMENT NUMBER: | N07000005380 | | | | |
| The enclosed Articles of An | | | | | |
| Please return all corresponde | ence concerning this matte | er to the following: | | | |
| Bruner Scott Stockstill | | | | | |
| | | (Name of Contact P | erson) | | |
| | | (Firm/ Compan | у) | | |
| 1417 Hamlin Ave Unit C | | | | | |
| | | (Address) | | | |
| Saint Cloud, FL 34771 | | | | | |
| 22.20 | | (City/ State and Zip | Code) | | |
| scott@fcsofmidfl.com | | | | | |
| | -mail address: (to be used | for future annual re | port notificati | on) | |
| For further information conc | terning this matter, please | call: | | | |
| Bruner Scott Stockstill | | al | | 620 - 3536 | |
| | (Name of Contact Person |) | (Area Code) | (Daytime Telephone Numl | ber) |
| Enclosed is a check for the f | ollowing amount made pa | ayable to the Florida | Department o | f State: | |
| ■ \$35 Filing Fee | □S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Cert is Cert (Add | 50 Filing Fee ificate of Status ified Copy litional Copy is losed) | |

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation \mathbf{of}

23007 9 PM 3.25 Hamlin Industrial Center Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N07000005380 (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: 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. 1417 Hamlin Ave. Unit C B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Saint Cloud, FL 34771 C. Enter new mailing address, if applicable: 1417 Hamlin Ave. Unit C. (Mailing address MAY BE A POST OFFICE BOX) Saint Cloud, FL 34771 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: New Registered Office Address: St. C10vd Florida FL 3477/
(Civi) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and adject the obligations of the position.

Signature of New Registered 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> | John Doe Mike Jones Sally Smith | |
|--|----------|---------------------------------------|---|
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| Change | <u>D</u> | William Rocker | P.O Box 700607 Saint Cloud, FL 34770 |
| Remove | | | |
| 2) Change Add | | - | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add Remove | | | |
| 6) Change Add | | | |
| E. If amending or addin (attach additional shee | | ·· - ·· - ·· - ·· - ·· · | |
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| The date of each amendment(s) adopti | ion: | , if other than the |
| date this document was signed. | | |
| Ç | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| | (no more than 20 days ager timenament jut tality) | |
| <u>Note:</u> If the date inserted in this block dedocument's effective date on the Departi | oes not meet the applicable statutory filing requirements, this date will not benent of State's records. | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| d m | | |
| The amendment(s) was/were adopte was/were sufficient for approval. | ed by the members and the number of votes east for the amendment(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. |
|---|
| Dated 10/5/2023 |
| 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) |
| William Rocker |
| (Typed or printed name of person signing) |
| Director |
| (Title of person signing) |