## 721465

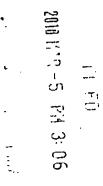
•		
, (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies		
Special Instructions to	Filing Officer:	





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C. GOLDEN MAR - 6 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
721465 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARY HOLGATE TAYLOR	
(Name of Contact Person)	
FAIRWAY OAKS CONDOMINIUM, INC.	
(Firm/ Company)	
245 AMHERST AVENUE	
(Address)	_
SARASOTA, FLORIDA 34232	
(City/ State and Zip Code)	_
fairwayoakscondo@comeast.net	
E-mail address: (to be used for future annual report notification)	_
for further information concerning this matter, please call:	
MARY HOLGATE TAYLOR 941-312-5746	
(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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  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

	of		<b>*-</b>
AIRWAY OAKS CONDOMINIUM, INC.		2018 F	117-5 PH 3:
(Name of Corporation	as currently filed with th		_
21465			i.
(Docut	ment Number of Corporatio	n (if known)	
resuant to the provisions of section 617,1006, Flo mendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida [</i>	ot For Profit Corporation ado	ots the following
If amending name, enter the new name of the	e corporation:		
			The new
me must be distinguishable and contain the word Company" or "Co." may not be used in the nam		orated" or the abbreviation "C	orp." or "Inc."
Enter new principal office address, if applica	ible: N/A		
rincipal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u> )		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX) N/A		
			-
			<del></del>
16	stered office address in Fl	orida, enter the name of the	
it amending the registered agent and/or regi			
new registered agent and/or the new register	red office address:		
new registered agent and/or the new register	_		
	_		
new registered agent and/or the new register	_	(Florida street address)	
new registered agent and/or the new register	NIA	(Florida street address)	
new registered agent and/or the new register  Name of New Registered Agent:	NIA	(Florida street address)	

Signature of New Registered Agent, if changing

MIM

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and saddress 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S,T	CHURCHILL, BEVERLY	3757 AMHERST WAY
Add			SARASOTA, FL 34232
X Remove			
2) Change	D	OLSON, RICHARD	230 AMHERST AVENUE
Add			SARASOTA, FL 34232
X Remove			
3 ) Change	<u>т</u>	KUSHMORE, ROLAND F., JR.	4008 BARRY WAY
X Add			SARASOTA, FL 34232
Remove			<del></del>
4) Change	S	NEAL, DESIREE M	226 ELLIOT AVENUE
X Add			SARASOTA, FL 34232
Remove			
5) Change	D	DE PUE, JENNIFER DAWN	3771 DELTA STREET
X Add			SARASOTA. FL 34232
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional A (attach additional sheets, if necessary)	. (Be specific)		
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Γhe	date of each amen	iment(s) adoption:	, if other than the
date	this document was	igned.	
Effe	ective date <u>if applic</u>	FEBRUARY 21, 2018  able:	
		(no more than 90 days after amendmen	t file date)
		d in this block does not meet the applicable statutory filing e on the Department of State's records.	g requirements, this date will not be listed as the
۸de	option of Amendme	nt(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of vote for approval.	s east for the amendment(s)
	There are no memi- adopted by the box	ers or members entitled to vote on the amendment(s). The rd of directors.	: amendment(s) was/were
	Dated	FEBRUARY 21, 2018	
	Signature		
		By the chairman or vice chairman of the board, president on the naver not been selected, by an incorporator — if in the hands other court appointed fiduciary by that fiduciary)	
		GRANT NORMAN	
		(Typed or printed name of person	on signing)
		PRESIDENT	
		(Title of person sign	ning)