727684

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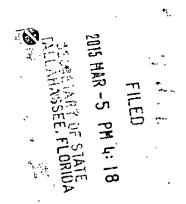
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3/6/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 5500 Old Ocea	an Boulevard Condominium Association, Inc
DOCUMENT NUMBER: 727684	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Vicki Feicht	
	(Name of Contact Person)
Victory Accounting Ser	rvices
	(Firm/ Company)
1500 Gateway Blvd. Su	uite 220.
	(Address)
Boynton Beach, FL 33	42 6
	(City/ State and Zip Code)
Vicki@victoryace E-mail address: (to be used	counting.com for future annual report notification)
For further information concerning this matter, please of	call:
Vicki Feicht	at 561 739 7900
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

FILED

5500 Old Ocean Boulevard Condominium Association, Inc. 5 PM 4: 18

(Name of Corporation as currently	y filed with the Flo	rida Dept. of State)	SECONDIARY OF STATE
727684		_	TÄÜLÄHAISSEE. FLOM
(Docu	ment Number of Co	rporation (if known)	PET
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For Profit Corp</i>	poration adopts the following
A. If amending name, enter the new name	me of the corporati	on:	
Ocean Manor Condom	inium Asso	ciation, Inc.	The new
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" or the abb	reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		1500 Gateway Blvd	l. Suite 220
(Principal office address MUST BE A STRE		Boynton Beach, F	L 33436
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1500 Gateway Blvd. Suite 220,	PO Box 24-3399
		Boynton Beach, F	L 33436
D. If amending the registered agent and	l/or registered offic	e address in Florida, enter the n	ame of the
new registered agent and/or the new			
Name of New Registered Agent:	Vicki Feich	nt	<u>_</u>
	1500 Gateway Bl	lvd. Suite 220, PO Box 24-3399	3
No. Donietonal Office Address		(Florida street address)	_
New Registered Office Address:	Boynton B	each, FL	33426
	(City)	, 110110	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			one of the position
i nerevy accept the appointment as registe	rea ageni. Tam jai 1554 :-	Inna with and accept the boligate	ms of the position.
-	Signature of New	Tegistered 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	<u>V Mik</u>	n <u>Doe</u> te Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Treasurer	Doyle, Kevin	5500 Old Ocean Blvd.
Add			Unit 108
X Remove			Ocean Ridge, FI 33435
2) Change	Treasurer	Tremblay, Serge	1816 Boul Rome
X Add			Brossard, Quebec
Remove			Canada, J4W 2W1
3) X Change	Secretary	Burgasser, Joan	321 East Market Street
Add			York, PA 17403
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, en (attach additional sheets, if necessary). (Be sp	ecific)		
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			_
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,			

The	date of each amendment(s) adoption: February 17, 2015	, if other than the
	this document was signed.	 ,
Effe	February 17, 2015	_
	(no more than 90 days after amendment file date)	
Add	option 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 February, 17, 2015	
	Signature Sour Durane	
	(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)	
	Joan Burgasser	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person cigning)	