

738085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 28 P 3 25

FILED

AUG 03 2017
T. LEMUEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Canal Groves Condominium Association, Inc.

DOCUMENT NUMBER: 738085

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sybil Le Blanc

(Name of Contact Person)

Canal Groves Condominium Association, Inc.

(Firm/ Company)

1776 N. Pine Island Rd. Suite 216

(Address)

Plantation, FL 33322

(City/ State and Zip Code)

sfl@rkccpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sybil Le Blanc

954

253-6458

at

(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2017

SYBIL LE BLANC
1776 N PINE ISLAND RD STE 216
PLANTATION, FL 33322

SUBJECT: CANAL GROVES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 738085

We have received your document for CANAL GROVES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or directors sign the amendment.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 717A00013948

RECEIVED
17 JUL 28 PM 3:07
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Articles of Amendment
to
Articles of Incorporation
of

FILED

JUL 28 P 3 26

Canal Groves Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Department of State)

738085

(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:

N/A

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 MUST BE A STREET ADDRESS)

Canal Groves Condominium Association, Inc.

1776 N. Pine Island Rd. Suite 216

Plantation, FL 33322

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Canal Groves Condominium Association, Inc.

1776 N. Pine Island Rd. Suite 216

Plantation, FL 33322

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: Accupay Services Corp.

1776 N. Pine Island Rd. Suite 216

(Florida street address)

New Registered Office Address:

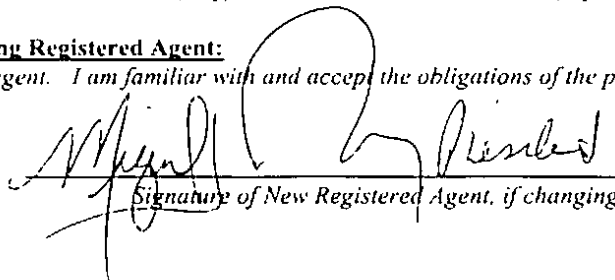
Plantation, Florida 33322

(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

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

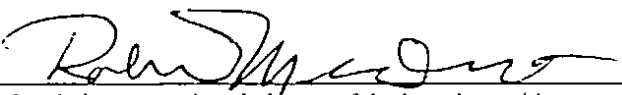
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 7/17/17

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)

ROBERTO MEDERO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)