## 739572

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e#)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	Condominium Associa	tion, INC	
739572 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Angelo Anzalone			
	(Name of Contact Pers	on)	
First Financial Plaza Condominium Associatio	n, INC		
	(Firm/ Company)		
639 E Ocean Ave., Suite #205			
	(Address)		
Boynton Beach, Fl 33435			
	(City/ State and Zip Co	ode)	
kim@veritaslegalplan.com			
E-mail address: (to be used	for future annual repor	t notification	n)
For further information concerning this matter, please	eall:		
Kimberly Crane		61	404-9798
(Name of Contact Person	) (4	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	iyable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address  Amendment Section		et Address ndment Secti	on
Division of Corporations		ion of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

FILED
2022 FEB 28 AMII: 19
SECNETARY OF SE

## Articles of Amendment to Articles of Incorporation of

First Financial Plaza Condominium Association, I	INC		75 mm 45 SEE.
(Name of Corporation as currently filed with th	e Florida Dept. of State)		
739572			
(Docu	ment Number of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida A</i>	ot For Profit Corporat	ion adopts the following
A. Hamending name, enter the new name of th	e corpuration;		
N/A			The new
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		vated" or the abbrevia	tion "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
C. <u>Euter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)		
D. If amending the registered agent and/or registered agent and/or the new registered	red office uddress;	<u> </u>	of the
Name of New Registered Agent:	2700 N Military Trail - Sn	Shart)	
	2700 14 Williamy 1(an) - 311	(Florkla sireet address)	
New Registered Office Address	:	() North Street Male City	
	Boca Raton	, P	orida <u>33431</u>
	(City)	I	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	nt. I am familiar with and a	一处	
	45Igµatur€ of New I	legistered Agent, if cha	ng/ng

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.

V Mike Jo	nes en es	
<u>Title</u>	Name	<u>Addres</u> s
PTD	Anzalone, Angelo	639 E Ocean Ave. Suite 205
<u>VPT</u>	Douglas Hauck	Bovnton Beach, FL 33435
<u>VPD</u>	Heatherly, Jason	639 E Ocean Ave Suite 109 Boynton Beach, FL 33435
SD	Heatherly, Casey Doran	639 E Ocean Ave Suite 109
<u>D</u>	Crane, Kimberly	Boynton Beach, FL 33435  639 E Ocean Ave Suite 205  Boynton Beach, FL 33435
g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
	V Mike Jo SV Sally Sr Title  PTD  VPT  VPD  D  g additional Arti	Y Mike Jones SV Sally Smith  Title Name  PTD Anzalone, Angelo  VPT Douglas Hauck  VPD Heatherly, Jason  SD Heatherly, Casey Doran  D Crane, Kimberly  g additional Articles, enter change(s) here:

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The date of each amendment(s) adoptio	n:			, if other than the
date this document was signed.	···			<u> </u>
and my document was signed.				
Effective date if applicable:				
te appropriate	(no more than 90 days	after amendment)	file date)	
	4	-9		
Note: If the date inserted in this block doe	es not meet the applica	ble statutory filing	requirements, this date will i	not be listed as the
document's effective date on the Departme	ent of State's records	J <b>-</b>	•	
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.

Signature  (By the chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an meorporator - if in the hands of a receiver, trustee,
have not been selected, by an meorporator - if in the hands of a receiver, trustee,
Angelo Anzalone
(Typed or printed name of person signing)
President / Director / Treasurer
(Title of person signing)