

08/08/2018

10:49

Blalock Walters

(FAX) 7542093

P.001/006

(shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

Phone : (941)748-0100

Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: epennington@blalockwalters.com

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2018 AUG -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
OMEGA MEDICAL CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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AUG 09 2018

I ALBRITTON

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Corporate Filing Menu

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08/08/2018 10:50 Blalock Walters
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8/8/2018 9:02:41 AM PAGE

(FAX)7542093

P.002/006

1/001 Fax Server



August 8, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OMEGA MEDICAL CONDOMINIUM ASSOCIATION, INC.
201 4TH AVENUE, EAST
SUITE 2
BRADENTON, FL 34208US

SUBJECT: OMEGA MEDICAL CONDOMINIUM ASSOCIATION, INC.
REF: 749905

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The first page of the amendment is for a Profit corporation.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H18000229476
Letter Number: 518A00016278

RECEIVED

18 AUG -8 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H18000229476 3)))

Articles of Amendment
to
Articles of Incorporation
of

OMEGA MEDICAL CONDOMINIUM ASSOCIATION, INC.

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

749905

(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:

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)

2700 1st Street

Bradenton, FL 34208

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2700 1st Street

Bradenton, FL 34208

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: Blalock Walters, P.A.

802 11th Street West

(Florida street address)

New Registered Office Address:

Bradenton

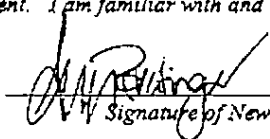
(City)

Florida 34205

(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

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2018 AUG -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>ROBERT K SNYDER</u>	<u>201 4TH AVE. EAST, #2</u> <u>BRADENTON, FL 34208</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TD</u>	<u>ROMONA SNYDER</u>	<u>201 4TH AVE. EAST, #2</u> <u>BRADENTON, FL 34208</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>DR. SAMIR A. HASSAN</u>	<u>201 4TH AVE. EAST, #2</u> <u>BRADENTON, FL 34208</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ROBERT FIRKINS</u>	<u>2700 1ST STREET E</u> <u>BRADENTON, FL 34208</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>LINDA C. FIRKINS</u>	<u>2700 1ST STREET E</u> <u>BRADENTON, FL 34208</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u>	<u>WILLIAM SABA</u>	<u>2700 1ST STREET E</u> <u>BRADENTON, FL 34208</u>

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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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: 8/11/2018

Signature: [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 Saba
(Typed or printed name of person signing)

President
(Title of person signing)