

756804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

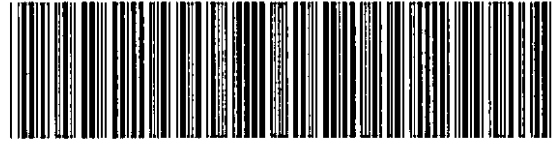
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100389730031

Amend

06/30/22--01011--003 **35.00

2022 OCT 17 PM 8:46
FILED

A. RAMSEY

OCT 20 2022

*00789, 01169, 00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2022

THERESA B. CLEARY
COMP-UTAX FLORIDA LLC
2781 HINDA RD
WEST PALM BEACH, FL 33403

UCI 17 2022

F.Y

SUBJECT: GARDENS CONDOMINIUM WAREHOUSE ASSOCIATION, INC.
Ref. Number: 756804

We have received your document for GARDENS CONDOMINIUM WAREHOUSE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 922A00021882

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gardens Warehouse Association Inc.

DOCUMENT NUMBER: 756804

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

Please return all correspondence concerning this matter to the following:

Theresa B Cleary
(Name of Contact Person)

Comp-utax Florida LLC
(Firm/ Company)

2781 Hinda Rd.
(Address)

West Palm Beach, FL 33403
(City/ State and Zip Code)

1040computax@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa B Cleary at 561 315-2914
(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 & Certificate of Status
- \$43.75 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

Gardens Condominium Warehouse Association Inc.

2022 OCT 17 PM 8:46

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

756804

(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)

N/A _____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A _____

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: Comp-utax Florida LLC
2781 Hinda Rd.


(Florida street address)

New Registered Office Address: West Palm Beach, Florida 33403

(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

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Brian E. Desjarlais</u>	<u>10258 Riverside Dr.</u> <u>STE 1</u> <u>Palm Beach Gardens, FL 33410</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Daniel Brams</u>	<u>10258 Riverside Dr.</u> <u>STE 2</u> <u>Palm Beach Gardens, FL 33410</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>Janice Desjarlais</u>	<u>10258 Riverside Dr.</u> <u>STE 1</u> <u>Palm Beach Gardens, FL 33410</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Timothy J Moore</u>	<u>10276 Riverside Dr.</u> <u>Palm Beach Gardens, FL 33410</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Robert J Scialla Jr</u>	<u>10258 Riverside Dr.</u> <u>STE 4</u> <u>Palm Beach Gardens, FL 33410</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TD</u>	<u>Mary J Keating</u>	<u>10276 Riverside Dr.</u> <u>Palm Beach Gardens, FL 33410</u>

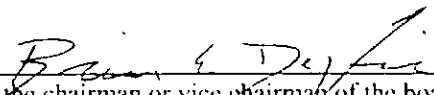
E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

- 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 10/13/2022 _____

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)

Brian E Desjarlais

(Typed or printed name of person signing)

President Director

(Title of person signing)