## 762271

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATE	ON: PROVINCETOWN	CONDOMINIUM	ASSOCIATI	ON, INC.	
DOCUMENT NUMBER:	762271				
The enclosed Articles of An		nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Stephania Silva					
		(Name of Contact I	Person)		
Association Legal Services					
		(Firm/ Compar	ny)		
12600 World Plaza Ln# 63					
		(Address)			
Cape Coral, FL 33991					
		(City/ State and Zip	Code)		
silva@associationlegalserv	ices.com				
	-mail address: (to be used	for future annual re	eport notifica	tion)	
For further information con-	erning this matter, please	call:			
Stephania Silva		a	239 it	8874276	
	(Name of Contact Person)	)	(Area Cod	e) (Daytime Telephone Nu	ımber)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida	Department	of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	is Cel	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

	of	
PROVINCETOWN CONDOMINIUM ASSOCIA	ATION, INC.	
Name of Corporation as currently filed with the	e Florida Dept. of State)	
762271		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo imendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Profit Cor</i>	poration adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word 'Company" or "Co," may not be used in the name		previation "Corp." or "Inc."
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
). If amending the registered agent and/or regis		ame of the
new registered agent and/or the new register	•	
Name of New Registered Agent:	JOE EGAN	
	5837 QUEEN ELIZABETH WAY #2	**:
New Registered Office Address:	(Florida street ado	lress)
	FORT MYERS, FL	, Florida 33907
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

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	$\overline{\underline{\mathbf{V}}}$	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add				
Remove				
2) Change Add				
Remove 3 ) Change Add Remove				
4) Change Add				
Remove				<i>ty</i>
5) Change Add				
Remove				
6) Change Add	-			,
Remove				
E. <u>If amending or addi</u> (attach additional shed	ng addition ets, if neces	nal Articles, enter change(s) here ssary). (Be specific)	:	

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				29
The date of each amendment(s) as date this document was signed.	loption:			, if other than the
Effective date <u>if applicable</u> :	11/3/2023			
	tno 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)

Dated	11/03/2023
Daleu _	, .
Signature _	DETIME POWER AREAGE
j	By the chairman or vice chairman of the board, president or other officer-if directors nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Joe Egan
	(Typed or printed name of person signing)
	President