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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CENTRAL PLAZA CONDOMINIUM ASSOCIATION, INC
DOCUMENT NUMBER: 770724
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAN HARTWICE (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
53 ROTTERDAM DR. (Address)
PUNTA GORBA, FLORIDA 339510 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAN HARTWIG at 608 575-3554 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \text{Certificate of Status}
(Additional copy is Certified Copy
enclosed) (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CENTRAL PLAZA CONDO	MINIUM ASSOCIATIONEB 25, 21, 2: 36
(Name of Corporation as current	ly filed with the Florida Dept. of State) (1937 - 1
770724	NTUTUM ASSOCIATION 25001, 2: 36 In filed with the Florida Dept. of State) GURE CARE, FL TO Corporation (if known)
(Document Numbe	r of Corporation (if known)
	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	m.,
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	The new on "or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	53 ROTTERDAM DR.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	53 ROTTERDAM DR. PUNTA GORDA, FL 33952
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent: DA	MARTWIG
New Registered Office Address:	ROTTER DAM DR. (Florida street address)
Pun	TA GORDA Florida 33950 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A language languag	sgent: iliar with and accept the obligations of the position.
	A Harlivia hature of New Registered Agent, if changing
Night and the second se	nature 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: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>PTS</u>	DAN HARTWIG	53 ROTTERDAM DR. PUNTA GORDA, FL 33950
2) Change Add Remove	<u> P</u>	ROBIN DONHAM	PORT CHARLOTTE, FL 33952
3) X Change Add Remove	_V_	MIKE EMPEY	21234 OLEAN BLVD. UNIT 3 PORT CHARLOTTE, FL33952
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if n	itional Article: ecessary). (h	Be specific)					
None							
							
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The date of each amendment(s) adoption: date this document was signed.	2/21/19	, if other than th
Effective date if applicable:	o more than 90 days after amendment file date)	
(In	o more inan 90 days after amenament fite date)	
<u>Note:</u> If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for th	ne amendment(s)
There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). The amendmen	it(s) was/were
Dated $\frac{2}{2}$	19	
Signature D. 4 Ha	rling	
	ice chairman of the board, president or other office	
	ed, by an incorporator – if in the hands of a received fiduciary by that fiduciary)	er, trustee, or
<u>Daniel</u>	Hartwig (Typed or printed name of person signing)	<u>-</u>
President	·	
	(Title of person signing)	