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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		ERS ASSOCIATION	, INC.		
	N00000000362				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	nendment and fee are sub-	mitted for filing.			
Please return all correspond	lence concerning this matte	er to the following:			
Kurt D. Zimmerman, Esq.					
		(Name of Contact Pe	erson)		
Zimmerman & Associates,	P.A.				
		(Firm/ Company	.)	.,,	
2400 E. Commercial Blvd.	Suite 820				
		(Address)		-	
Fort Lauderdale, FL 33308					
/		(City/ State and Zip (Code)		
kurt@zimmermanlaw.com					
	E-mail address: (to be used	for future annual rep	ort notification	1)	
For further information con	cerning this matter, please	call:			
Kurt D. Zimmerman, Esq.		at	954	202-7761	
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi s Certifi	Filing Fee leate of Status led Copy lional Copy is sed)	

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

THE DEPOT OWNERS ASSOCIATION, INC.				
(Name of Corporation as currently filed with the	Florida D	ept. of State)		
N0000000362				
(Docum	ient Numbe	er of Corporation (if	known)	
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not I</i>	For Profit Corporat	tion adopts the following
A. If amending name, enter the new name of the	e corporati	<u>on:</u>		21
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	l "corporat 2	ion" or "incorporat	ed" or the abbrevia	The new ution "Corp." or "Inc."
R. Enter new principal office address, if applica	ble:	315 SE 12th Street		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	Fort Lauderdale, F	1. 33316	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	315 SE 12th Street		5
, -		Fort Lauderdale, F	L 33316	
D. If amending the registered agent and/or registered agent and/or the new registered			a, enter the name	of the
Name of New Registered Agent:	Kurt Zime	nerman		
	2400 E. C	ommercial Boulevar	rd, Suite 820	
New Registered Office Address:	*		(Florida street address)	
New Negatives Vijet Address.	Fort Laud	erdale	. F	33308 Jorida
		(City)		lorida 33308 (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered . t. I am fan	Agent: niliar with and accep	pt the obligations of	the position.
		IC. ZW gnature of New Regi	1	
	Six	nature of New Regi	stered Agent, if cha	nging

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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change X Add	D,S,T	John Leder	PO BOX 2051 FORT LAUDERDALE, FL 33303
Remove			
2) Change X Add	D,VP	JB Remond	8 PELICAN ISLE FORT LAUDERDALE, FL 33301
Remove 3) Remove × Add Remove	<u>D,P</u>	Forest Patten	
4) Change Add	<u>D,P</u>	J.P. Van de Bundt	520 NE 15TH AVENUE FORT LAUDERDALE, FL 33301
× Remove			
5) Change Add	D,VP	Robert Ross	2543 LUCILLE DRIVE FORT LAUDERDALE, FL 33316
X Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	=.		
			
			

		
The date of each amendment ate this document was signed.	s) adoption: January 26, 2021	 , if other than the
Effective date <u>if applicable</u> :	January 26, 2021 (no more than 90 days after am	

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.

D-4d	January 26, 2021
Dated	
Signatur	. Forest other
Signatui	(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)
	E D
	Forest Patten
	(Typed or printed name of person signing)
	4+44***
	4+44***

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