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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

Centre Pointe	e Office Condominium A	ssociation	Inc	
N00000003219				
DOCUMENT NUMBER:				•
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning th	is matter to the followin	g:		
Joseph C. Bodiford				
	(Name of Conta	ct Person)		
Bodiford Law				
	(Firm/ Com	pany)		
2019 Centre Pointe Blvd Ste 102				
•	(Addres	s)		
Tallahassee FL 32308				
	(City/ State and	Zip Code)	<del></del>	
joe@bodifordlaw.com				
E-mail address: (to	be used for future annua	l report no	ification	n)
For further information concerning this matter	, please call:			
Joe Bodiford		850		222-4529
(Name of Contact	Person)	(Area	Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flor	ida Departi	ment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing I Certificate of :		1	Certif:	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ad Amendme Division of The Cent	ent Secti of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

FILED 2022 OCT 26 PM 12 35

Centre Pointe Office Condominium Association Inc

(Name of Corporation as currently filed with th	e Florida D	ept. of State)	
N00000003219			+ 131+ 
(Docur	ment Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of th	e corporati	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or ti	The new ne abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	able:	2019 Centre Point Blvd Ste	102
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		Tallahassee FL 32308	
C. Enter new mailing address, if applicable:	ROY	2019 Centre Pointe Blvd St	e 102
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		Tallahassee FL 32308	
D. If amending the registered agent and/or regi			the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	Joseph C.	Bodiford —————————	
	2019 Cent	re Pointe Blvd Ste 102	
New Registered Office Address:	:	(Florida sii	eet address)
	Tallahasse		, Florida 32308
New Registered Agent's Signature, if changing I l hereby accept the appointment as registered agen	Registered . nt. I am fan	(City)  Agent: niliar with and adcept the ob	(Zip Code) ligations of the position.
- -	Sig	nature of New Registered A	gent, 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	PT John Do V Mike Jo SV Sally Sr	nes			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change Add	<u>PD</u>	MOTTICE, JOHN P	3745 Tom John Lane Tallahassee FL 32309		
x Remove					
2) Change Add	<u>PD</u>	BULMER, MARK	9688 Dancing Rabbit Wav Tallahassee FL 32312		
Remove 3) Change Add Remove	<u>VSTD</u>	CARLSON, MARVIN W	3733 Tom John Lane Tallahassec FL 32309		
4) Change Add	STD	BODIFORD, JOSEPH C	2019 Centre Pointe Blvd Ste 102 Tallahassee FL 32308		
Remove					
5) Change Add	D	MOTTICE, GWENDOLYN S	3745 Tom John Lane Tallahassee FL 32309		
x Remove					
6) Change × Add	D	KERRIGAN, BOB	2019 Centre Point Blvd STE 105 Tallahassee FL 32308		
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
N/A					
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he date of each amendment(s) adoption:		
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	date this document was signed.	, ii outer than ti
ffective date <u>if applicable</u> :  (no more than 90 days after amendment file date)		
(no more than 30 days after amenament fite date)	Effective date if applicable:	e data)
	(no more than 90 days after amenament fi	e date)

<u>Note:</u> 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 10 26/22
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)
JOSEPH C BODIFORD
(Typed or printed name of person signing)
SECRETARY, TREASURER, DIRECTOR

(Title of person signing)