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No 2000000209
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Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.
 Account Number : 120040000018
 Phone : (239) 334-1141
 Fax Number : (239) 334-3965

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MGOBLE@sbshlaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 LAKE POINTE COMMONS PROFESSIONAL OFFICE CONDOMINIUM**

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Corporate Filing Menu

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SHEPPARD, BRETT, STEWART, HERSCH
KINSEY & HILL, P.A.
ATTORNEYS AT LAW
9100 College Pointe Court
Fort Myers, Florida 33919
(239) 334-1141 - Telefax: (239) 334-3965

2019 AUG -8 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 7, 2019

MEMORANDUM

From: Dorothy V. Berry

To: Florida Division of Corporations
Corporate Amendatory Division

Re: LAKE POINTE COMMONS PROFESSIONAL OFFICE CONDOMINIUM
ASSOCIATION, INC.

Attached are Articles of Amendment for the referenced entity for filing with your Division at your earliest convenience.

If you have any questions, please do not hesitate to contact our office.

Kind regards,

Dorothy V. Berry
Assistant to D. Hugh Kinsey, Jr.

Attachments

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Articles of Amendment
to
Articles of Incorporation
of

LAKE POINTE COMMONS PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

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

N02000002094

(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:

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)

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

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: D. HUGH KNSEY, JR.

9100 College Pointe Court

(Florida street address)

New Registered Office Address:

Fort Myers

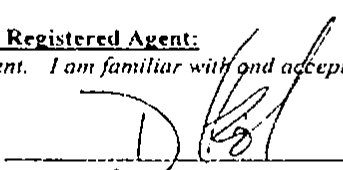
(City)

Florida 33919

(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

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2010 AUG - 8 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>D</u>	<u>Leslie Kinsey</u>	<u>9101 West College Pointe DR</u>
<u>Add</u>			<u>Suite 1</u>
<u>X</u> <u>Remove</u>			<u>Fort Myers, FL 33919</u>
2) <u>Change</u>	<u>D</u>	<u>Teresa Jehorek</u>	<u>9101 West College Pointe DR</u>
<u>X</u> <u>Add</u>			<u>Fort Myers FL 33919</u>
<u>Remove</u>			
3) <u>Change</u>	<u>D</u>	<u>Brandon M. Kinsey</u>	<u>9101 West College Pointe DR #1</u>
<u>Add</u>			<u>Fort Myers, FL 33919</u>
<u>X</u> <u>Remove</u>			
4) <u>Change</u>	<u>D</u>	<u>Daryoush Zafar</u>	<u>9110 College Pointe CT #2</u>
<u>X</u> <u>Add</u>			<u>Fort Myers, FL 33919</u>
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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

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

[illegible]

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no 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) (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

7/22/19

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)

D. Hugh Kinsey, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)