N02000002341

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2009 SEP -8 PM 3: 4.7

SECRETARY OF STATE
AND SEFF. FLORID

Amend

SEP 1 1 200

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SENECA	COMMERCE	PARK	ASSOCIA TT	ON, INC.
DOCUMENT NUM	BER: N02000	00 2341	·		
The enclosed Articles	of Amendment and fee ar	e submitted for fil	ing.		
Please return all corre	spondence concerning this	matter to the follo	owing:		
	RITA EC	CHEVERRIA			
	(Nan	CHEVER RIA	on)		
	PRESCO REAL E	STATE GRO	uP, Ll	.C	
	((Firm/ Company)			,
	230 MD	HAWK RD.			
		(Address)			
	CLERMANT	- E1 34	715		
-	(City	FL 34 / State and Zip Co	de)		 .
rito	1. eche verria e pi E-mail address: (to be	res cogroup	. Lom nnual repo	rt-notification)	
For further information	on concerning this matter, p	olease call:			
RITA EC	HEVERRIA of Contact Person)	at (35	-2)_	242-067	3 x 202
(Name	of Contact Person)	(/	Area Code	& Daytime Tel	ephone Number)
Enclosed is a check for	or the following amount ma	ade payable to the	Florida D	epartment of Sta	ite:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified	Copy nal copy is	Ce Ce (A	\$52.50 Filing Fee crificate of Status crified Copy dditional Copy s enclosed)
Amer Divis P.O. l	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	7 1 (2	Clifton Buil	Section Corporations ding tive Center Circle	

Articles of Amendment Articles of Incorporation \mathbf{of}

		•	•	2	A.
		to	endment	ALLAND	Marin Phar
SENECA	COMMERCE	PARK	ASSOCIATION.	INC.	
(Name of Co	rporation as curren	tly filed w	ith the Florida Dept.	of State)	**************************************
	NO200000	2341			
	(Document Numb	er of Corp	oration (if known)		

fit Corporation adopts
porated" or the
the name of the
Florida_ <u>34</u> 7[5 (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.

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)

<u>Title</u>	Name	Address	Type of Action
<u>Pn</u>	ROBERT M. SHAKAR	230 MOHAWK RD. CLERMONT, FL 34715	Add Remove
10_	JOSEPH E, ZAGAME SR.	230 MOHAWK RO. CLERMONT, FL 347N	Add Remove
<u> VD</u>	JOSEPH E. ZAGAME JR	230 MOHAWK RD., CLERCHIMIT, FL 3474	Add Remove
	ing or adding additional Articles, enter of ditional sheets, if necessary). (Be specificational sheets)		
			

The date of each amendment(s) a	
Effective date if applicable:	(dat) of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of director	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated Aug	ust 1, 2009
Signature	Chre C Zxane
(By the have no	charman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	JANE C. ZAGAME
	(Typed or printed name of person signing)
_	SECRETA RY
	(Title of person signing)

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