# NO2-000003837

(Re	equestor's Name)		
(Ad	Idress)	<u> </u>	
(Ac	Idress)		
(Cir	ty/State/Zip/Phone	:#)	
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(Bı	usiness Entity Nan	ne)	
(Document Number)			
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C. CARROTHERS

### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Sunny Kose office Association, Inc. DOCUMENT NUMBER: NO 2 00003837 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Rose Office Hark Assoc. University Dr. een a chemoroducte net address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 392-1648 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

# Articles of Incorporation

of of	
Sunny Rose office Park Association Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State	)
NO2000003837	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" of "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	22
	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the	,12
new registered agent and/or the new registered office address:	
Name of New Registered AgentSheila Green	
3343 N. University Dr.	
	33024
New Registered Office Address: F10119 WOOL (City), Florida	(Zip Code)
	1
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 po	sition.
Sheil Suen	
Signature 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 accdress 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: XChange	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SD	Lori Ficarra	3343 N. University Dr
Add			Hollywood FL 33024
Remove			
2) Change		<del></del>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	·		
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

Attach additiona	dding additional Ar I sheets, if necessary)	. (Be specific	)			
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an amendmen	provides for an exc	hange, reclassi	ification, or car	ncellation of issu	ied shares,	
<u>orovisions for i</u>	nplementing the am	endment if not	contained in t	he amendment i	tself:	
(if not appli	cable, indicate N/A)					
						<del>.</del>
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendments by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	lent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	•
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
Michael Sheehan (Typed or printed name of person signing)  President (Title of person signing)	<del></del>
President (Title of person signing)	