N0200006100

(Re	questor's Name)	
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COVER LE	TTER
TO: Amendment Section Division of Corporations	A NEW
THE MONTEREY OFFICE CONDO	DMINIUM ASSOCIATION, INC.
N02000006100 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	5. 13 15 F
Please return all correspondence concerning this matter to the followin	g:
PAUL LABINER	
(Name of Conta	ct Person)
LAW OFFICE OF PAUL LABINER	
(Firm/ Com	pany)
5499 NO FEDERAL HWY STE. K	
(Addres	is)
BOCA RATON, FLORIDA 33487	
(City/ State and	Zip Code)
PAUL@PLABINERESQ.COM	
E-mail address: (to be used for future annua	el report notification)
For further information concerning this matter, please call:	
PAUL LABINER	561 998-2362
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:
Attached Cancelled Check.	y Certificate of Status
Mailing Address 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
THE MONTEREY OFFICE CONDOMINIUM A	SSOCIATION INC
(Name of Corporation	as currently filed with the Florida Dept. of State)
N02000006100	
(Docur	nent Number of Corporation (if known)
mendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the	e corporation:
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam	The new [1 "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." e
 <u>Enter new principal office address, if applica</u> 	- 2001 NO OCEAN DI VD. # 501 - SO
Principal office address <u>MUST BE A STREET A</u>	DDRESS) BOCA RATON, FL 33431
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) If amending the registered agent and/or registered agent and/or the new register <u>Name of New Registered Agent</u>: 	stered office address in Florida, enter the name of the
	5499 NO FEDERAL HWY., STE. K
<u>New Registered Office Address:</u>	(Florida street address)
<u>iten negisteren office magresi</u> .	BOCA RATON , Florida 33487
lew Registered Agent's Signature, if changing F	(City) (Zip Code) Registered Agent:
hereby accept the appointment as registered agen	t. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	Page 1 of 4

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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 X Remove X Add	<u>PT John I</u> <u>V Mike .</u> <u>SV Sally S</u>	lones	
<u>Type of Action</u> (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
1) Change	D	BEN YOMTOB	5300 WEST ATLANTIC AVE
Add			SUITE 507
X Remove			DELRAY BEACH, FL 33484
2) Change	D	MARGARET MCELRATH	5300 WEST ATLANTIC AVE
Add			SUITE 507
X Remove			DELRAY BEACH, FL 33484
3) Change	D	YUVAL JACOBS	2001 NO OCEAN BLVD
X Add			# 501 - SO
Remove			BOCA RATON, FL 33431
4) Change	D	YANLI LUO	2001 NO OCEAN BLVD
X Add			# 501 - SO
Remove			BOCA RATON, FL 33431
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

、Ε.	If amending or adding additional Ar	ticles, enter change(s) here:
	(attach additional cheets if nanoccam)	

• . •

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

----. _ _____ _____ _____ _____ _____ _____ ____ ____ ____ _____ _ _ ____ _____

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Page 3 of 4

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• The date of each amendment(s) add date this document was signed.	pption:	, if other than the

Effective date if applicable:

(no more than 90 days after amendment file 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) (CHE

(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 Signature (By the Chairman of 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)

Yurd (Typed or printed name of person signing)

Kanag ing (litle of person signing)