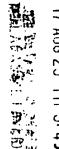


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Regents Park of Gain	esville Condominiu	m Association,	Inc.
N02 DOCUMENT NUMBER:	000006807			
The enclosed Articles of Amend				
Please return all correspondence	concerning this matte	r to the following:		
Deborah Huff				
		(Name of Contact P	'erson)	
AMJ inc of Gainesville				
		(Firm/ Compan	y)	1
502 NW 16th Ave				
		(Address)		· · · · · · · · · · · · · · · · · · ·
Gainesville, FL 32601				
		(City/ State and Zip	Code)	
mewarren@amjinc.com				
E-ma	l address: (to be used	for future annual re	port notification)
For further information concerni	ng this matter, please	call:		
Deborah Huff		ai	352	371-8100
(Na	me of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follow	wing amount made pay	yable to the Florida	Department of S	State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		Certifi is Certifi	O Filing Fee scate of Status ed Copy ional Copy is sed)
<u>Mailing Addr</u> Amendment S			reet Address mendment Secti	on

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

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

Articles of Amendment to Articles of Incorporation of

FILED

17 AUG 25 PM 3: 49

Regents Park of Gainesville Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N02000006807 (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: N/A 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) N/A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A 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: (Florida street address) New Registered Office Address: N/A Florida (Zip Code) (City) 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

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 Doc 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</u> <u>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change	SD	Sidney Wade	331 NE 2nd Ave
Add			Gainesville, FL 32601
X Remove			
2) Change	SD	Edward Rauschkolb	109 NE 3rd St
X Add			Gainesville, FL 32601
Remove			
3) Change	OD	Rebecca Nagy	116 NE 4th St
Add			Gainesville, FL 32601
X Remove			
4) Change	OD	Richard Herbert	132 NE 4th St
x Add			Gainesville, FL 32601
Remove			
5) Change	PD	Michael E Warren	502 NW 16th Ave
Add			Gainesville, FL 32601
X Remove			
6) X Change	PD	Dennis Tracy	Last name spelled incorrectly
Add			New title
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
N/A	·····		
	<u> </u>	<u>. </u>	
	·		
			
		 	
	<u></u>		
		·····	
			

	date of each amendn this document was sig		_, if other than the
Effe	ctive date if applicab	le:	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not bon the Department of State's records.	e listed as the
Adoption of Amendment(s)		(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes east for the amendment(s) or approval.	
	There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	8/18/17	
	Signature	Verne form	_
	ha	the chairman or vice chairman of the board president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or ner court appointed fiduciary by that fiduciary)	
		Dennis T, Tracy (Typed or printed name of person signing)	
		(1 yped of printed name of person signing)	
		President	
		(Title of person signing)	