Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000247548 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

| 7 L - 447 | Address:  |  |  |  |
|-----------|-----------|--|--|--|
| rana i i  | ACCUERNAL |  |  |  |

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LIBERTY LANE CONDOMINIUM ASSOCIATION, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

90/10 39Vd

CT CORPORATION

2609889998

Ztoz/tt/ot 13:5e

112012

## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Liberty Lune Condominium Associate, Inc. DOCUMENT NUMBER: N02000007352 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALisa A. Wisse Name of Contact Person Medco Health Solutions, Inc. Firm/ Company 100 Parsons Pond Drive Address Franklin Lakes, NJ 07417 City/ State and Zip Code alisa\_wisse@express-scripts.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (201 ) 209-2220

Area Code & Daytime Telephone Number ALisa A. Wisse Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & 国 \$35 Filing Fee □\$43.75 Filing Fee & \$52,50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

Mniling Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahussee, FL 32301

is enclosed)

FL005 - 47/31/2012 Wolker Kluwer Online

## Articles of Amendment to Articles of Incorporation of

| Liberty Lane Condominium Associate, Inc.   |  |                            |
|--|--|----------------------------|
| (Name of Corporation as currently filed with the F   | forida Dept. of State)                         | •                          |
| N02000007352   |  |                            |
| (Document Number of Corporation (i   | if known)                                      | ,                          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation adopts the followin | g amendment(s)             |
| A. If amending name, enter the new name of the corporation:  |  |                            |
|  |  | The new                    |
| name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation | 'Co". A professional corporation name must     | bbreviation<br>contain the |
| B. Enter new principal office address, if applicable;  | 8881 Liberty Lane                              |                            |
| (Principal office address MUST BE A STREET ADDRESS)  | Port St. Lucie, FL 34952                       |                            |
|  |  |                            |
| 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  Name of New Registered Agent   | ress in Florida, enter the name of the         |                            |
| ,  |  |                            |
| (Florido str   | en oddress)                                    |                            |
| N. P. L. John A. I.  | ·  |                            |
| Now Registered Office Address: (City)  | , Florida(Zip Code)                            | ,                          |
|  |  |                            |

Page 1 of 4

FLODS - 67/31/2012 Wighess Klaswer Online

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, Treusurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is itsted 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.

| X Change                      | <u>10L</u> <u>TT</u> | nn Doe              |                          |
|-------------------------------|----------------------|---------------------|--------------------------|
| X Remove                      | Y M                  | ke Jones            |                          |
| _X Ådd                        | SV Sa                | lly Smith           |                          |
| Type of Action<br>(Check One) | Title                | Name                | <u>Addres</u> s          |
| l) Change                     | PD                   | Јоан Кепледу        | 10045 S. Federal Hwy.    |
| Add                           |                      |                     | Port St. Lucie, FL 34952 |
| X Remove                      |                      |                     |                          |
| 2) Change                     | PDS                  | Frank Harvey        | 8881 Liberty Lane        |
| × Add                         |                      |                     | Port St. Lucie, FL 34952 |
| Remove                        |                      |                     |                          |
| 3)Change                      | SVPT                 | Peter Goylord       | 100 Parsons Pond Drive   |
| Add                           |                      |                     | Franklin Lakes, NJ 07417 |
| X Remove                      |                      |                     |                          |
| 4)Change                      | VPT                  | Chris Maffei        | 8881 Liberty Lane        |
| × Add                         |                      |                     | Port St. Lucie, FL 34952 |
| Remove                        |                      |                     |                          |
| 5) Change                     | SVPS                 | Colleen M. McIntosh | 100 Parsons Pond Drive   |
| A <b>d</b> d                  |                      |                     | Franklin Lukes, NJ 07417 |
| × Remove                      |                      |                     |                          |
| 6) Change                     | VP                   | Arlene Rodriguez    | 8881 Liberty Lane        |
| X Add                         |                      |                     | Port St. Lucie, FL34952  |
| Remove                        |                      | ,                   |                          |

Page 2 of 4

FLORIS - 01/11/2012 Walters Klasset Caline

|                                       | r adding additional A<br>nal sheets, if necessary | y). (Be specific)                     |                    |                     |                                       |
|---------------------------------------|---|---------------------------------------|--------------------|---------------------|---------------------------------------|
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     | ,                                     |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   | •                                     |                    |                     |                                       |
|                                       | <u> </u>  |                                       |                    |                     | · · · · · · · · · · · · · · · · · · · |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
| · · · · · · · · · · · · · · · · · · · |   | · · · · · · · · · · · · · · · · · · · |                    |                     |                                       |
|                                       | ····  |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       | · · · · · ·                                       |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       | <del></del>                                       |                                       | <u> </u>           |                     |                                       |
|                                       |   |                                       |                    |                     |                                       |
|                                       | ent provides for an e                             | vehange ceclusif                      | ication, or cancel | ation of issued sho | res                                   |
| n amendm                              | 717, Francisco 191 191 191 19                     | mendment if not o                     | contained in the a | mendment itself:    |                                       |
| visions for                           | r implementing the a                              |                                       |                    |                     |                                       |
| ovisions for                          | r implementing the a<br>plicable, indicate N/A    | )                                     |                    |                     |                                       |
| ovisions for                          | r implementing the a                              | )                                     |                    |                     |                                       |
| ovisions for                          | r implementing the a                              | )                                     |                    |                     |                                       |
| ovisions for                          | r implementing the a                              | )                                     |                    |                     |                                       |
| ovisions for                          | r implementing the a                              | )                                     |                    |                     |                                       |
| ovisions for                          | r implementing the a                              |                                       |                    |                     |                                       |
| ovisions for                          | r implementing the a                              |                                       |                    |                     |                                       |
| ovisions for                          | r implementing the a                              |                                       |                    |                     |                                       |
| ovisions for                          | r implementing the a                              |                                       |                    |                     |                                       |
| ovisions for                          | r implementing the a                              |                                       |                    |                     |                                       |
| ovisions for                          | r implementing the a                              |                                       |                    |                     |                                       |

Page 3 of 4

FLOQS - 03/33/28/2 Walkers Kluwer Online

| The date of each amendment(s) adoption: June 8, 2012  |
|---|
| Effective date if applicable:   |
| (no more than 90 days after amendment file date)  |
|   |
| Adaption of Amendment(s) (CHECK ONE)  |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  |
| The amendment(s) was/were approved by the stareholders through voting groups. The following statement must be separately provided for each voting group antitled to vote separately on the amendment(s):                    |
| "The number of votes east for the amendment(s) was/were sufficient for approval   |
| by  |
| (voting group)  |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |
| Dated June 8, 2012  |
|   |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the tands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Frank Harvey  |
| (Typed or printed name of person signing)   |
| President and Secretary   |
| (Title of person signing)   |

Page 4 of 4

FL005 - 87/21/2012 Watters Kitower Ordina