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SECRETARY OF STATE TAIL AHASSEE. FLORID

C. GOLDEN

JUL 2 3 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Harbor Professional Centre I Condoninium Association, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Copper CAM (Name of Contact Person)
· GFBS Inc. (Registered Agent)
2511 Vasco Street, Unit 114
Punta Gorda, FL 33950 (City/State and Zip Code)
(City/ State and Zip Code)
9fbs94@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 94) 639-1142  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation of

Harbor Professional Centr				
(Name of Corporation as cu			<del></del>	
		000054	$\omega$	
(Document §	Sumber of Corpo	oration (if known)		
Pursuant to the provisions of section 617,1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this Flo	rida Not For Profit Corpo	ration adopts the following	
A. If amending name, enter the new name of the corp	oration:			
<i>N/A</i>	<b>-</b>		The new	
name must be distinguishable and contain the word "cor	poration" or "i	ncorporated" or the abbre	viation "Corp " or "Inc."	
'Company" or "Co." may not be used in the name.		. 1/0		
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ECC \	N/A		
Tincipui office unuress <u>Stost BE A STREET ADDR</u>	<u>======</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
(Mutting unitess MAT BE AT UST OFFICE BOX)			<del></del>	
. If amending the registered agent and/or registered	l office address	in Florida, enter the nam	e of the	
new registered agent and/or the new registered off	fice address:	in thoraa, enter the han	e or the	
Name of New Registered Agent:		N/A		
			<u></u>	
		(Florida street addres	rs)	
New Registered Office Address:				
		NA.	Florida(Zip Code)	
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing Registe	ered Agent:			
hereby accept the appointment as registered agent. I a		and accept the obligations	of the position.	
		/ .		
		NA		
	Signature of	New Registered Agent, if c	hanging	

Page 1 of 4

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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>Sanjeey</u> Zutsh	Suite 105 Port Charlotte, FL 33952
2) Change Add Remove	D Gonzaka-Canal, Son	Suite 104 Port Charlotte, FL 33952
3 ) Change Add Remove	D Lalita Thate, MD, M	1885 3300 Tamiani Trail  Suite 101 A  Port Charlotte, FL 33952
4) Change Add Remove		· ·
5) Change Add Remove		
6) Change Add Remove	<del></del>	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
		N/A			
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The date of each amendment(s) adoption: late this document was signed.	July		2018	, if other than the
Effective date <u>if applicable</u> :	onore than 90 days af	3,	2018	
(no )	nore than 90 days af	ter ame	ndment file date)	
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of	• •	statuto	ry filing requirements, the	his date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)			
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the n	umber	of votes east for the ame	endment(s)
There are no members or members entitled adopted by the board of directors.			s). The amendment(s) v	was/were
Dated July Signature	3 2018			
Signature	Uthat	tte		
(By the chairman or vice have not been selected, other court appointed fi	by an incorporator -	if in th	sident or other officer-it ie hands of a receiver, tr	
	Lalita	T	hatte	
	(Typed or printed	i name	of person signing)	
	Divect	<b>√</b> δ	<u>,                                      </u>	
·	(Title	of pers	son signing)	