6/27/2019

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : HISPANUSA INC Account Number : 120070000099 Phone : (954)478-2706 Fax Number : (954)934-0334

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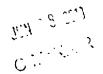
COR AMND/RESTATE/CORRECT OR O/D RESIGN BITON PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.

| Certificate of Status | 0 |
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Corporate Filing Menu

Help



TO: Amendment Section

COVER LETTER

| Division of Corporation | ıs | | | |
|--------------------------------|---|---|--------------------|--|
| NAME OF CORPORATION | DN:BITON P | LAZA OFFICE COND | MUTAIMOC | ASSOCIATION, INC |
| DOCUMENT NUMBER: | N030000 | 02570 | | |
| The enclosed Articles of Am | endment and fee are subr | nitted for filing. | | |
| Please return all corresponde | nce concerning this matte | r to the following: | | |
| | | RUTH CHAVERRA | \ | |
| | , | (Name of Contact Person | on) | |
| | | PRESIDENT | | |
| | | (Firm/ Company) | | |
| | 8050 1 | N UNIVERSITY DR - | C/O HOUS | E |
| | • | (Address) | | |
| | | TAMARAC FL 33321 | | |
| | | (City/ State and Zip Co | de) | · · · · · · · · · · · · · · · · · · · |
| | | info@hispanusa.com | | |
| Е | mail address: (to be used | for future annual report | t notification |) |
| For further information conc | erning this matter, please | call: | | • |
| | RUTH CHAVERRA | | 954 | 934_0194 |
| | (Name of Contact Person) | at | Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the fo | ollowing amount made pay | yable to the Florida Dep | partment of S | State: |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Cartifi Certifi | Filing Fee cate of Status ed Copy ional Copy is |

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 Taliahassee, FL 32301

Enclosed)

Articles of Amendment Articles of Incorporation

BITON PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.

| • | | | • |
|--|--|--|------------|
| | Articles of Amendment to Articles of Incorporation of | | |
| BITON PLAZA OF | FICE.CONDOMINIUM ASSOC | LIATION, INC. | |
| (Name of Corporation | as currently filed with the Flo | rida Dept. of State) | |
| | N03000002570 | | |
| . Docum. Irsuant to the provisions of section 617.1006, Florendment(s) to its Articles of Incorporation: | ent Number of Corporation (if it ida Statutes, this <i>Florida Not Fo</i> | • | · . · - |
| . If emending name; enter the new name of the | <u>corporation:</u> | | |
| une must be distinguishable and contain the word Company" or "Co." may not be used in the name Enter new principal office address, if applical Tincipal office address MUST BE A STREET A | bie: | The new d" or the abbreviation "Carp." or "Inc." | |
| Enter new multing address; if applicable; (Mailing address MAY BE A POST OFFICE I | <u> </u> | | |
| If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent: | tered office address in Florida Ed office address: KAYE BENDER REMBAUM | | - |
| | 1200 PARK CENTRAL BLVD | SOUTH HTTOS | : |
| New Registered Office Address: | | lurida street piidcess) | • |
| | POMPANO BEACH | , Florida33064 | |
| | (Cto) | (Zip Code) | • |
| ew Registered Agent's Signature, if changing R wieby accept the appointment as registered agent | existered Agent: . I am familiar with ond accept | t the obligations of the position. | |

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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 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>V</u> <u>Mik</u> | <u>i Doe</u> e Jones y Smith | | |
|----------------------------------|---------------------|------------------------------------|--------------|---------|
| Type of Action (Check One) | _Title | Name | | Address |
| 1) Change Add Remove | | | | · |
| 2) Change Add | | | | |
| Remove 3) Change Add | | | | |
| Remove 4)ChangeAdd | | | | |
| Remove 5) Change Add | | | | |
| Remove 6) Change Add | | | | |
| Remove | | | | |

| rticles, enter chan;). <i>(Be specific)</i> | | | | |
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| The | date of each amendment(s) ac | loption: | , if other than the |
|------|---|---|---------------------------|
| date | this document was signed. | | |
| Effe | ctive date if applicable: | | |
| | | (no more than 90 days after amendment file date) | |
| | If the date inserted in this blo ment's effective date on the De | ck does not meet the applicable statutory filing requirements, this date to partment of State's records. | will not be listed as the |
| Adoj | ption of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/were ac was/were sufficient for approve | dopted by the members and the number of votes cast for the amendment al. | (s) |
| | There are no members or membadopted by the board of director | pers entitled to vote on the amendment(s). The amendment(s) was/were ors. | |
| | Dated 06/21/2019 | | |
| | Signature | | |
| | have not be | man or vice chairman of the board, president or other officer-if director en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | | RUTH CHAVERRA | |
| | | (Typed or printed name of person signing) | • |
| | | PRESIDENT | |
| | - | (Title of person signing) | • |