N 03392

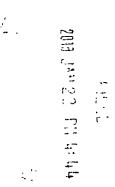
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	G CONDOMINIUM 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	g;
Kristina Hudson	
(Name of Conta	ct Person)
Booth & Cook, PA	
(Firm/ Con	pany)
7510 Ridge Road	
(Addres	is)
Port Richey, FL 34668	
(City/ State and	Zip Code)
jwarren@completecommercialrealty.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, please call:	
Kristina Hudson	727 842-9105
(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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional coenclosed)	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

2010 UF** 22 FH 4: 45

GULF PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N03392 (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: 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) C. Enter new mailing address, if applicable: PO Box 242 (Mailing address MAY BE A POST OFFICE BOX) Dunedin, FL 34697 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: James Warren Name of New Registered Agent: 4215 Rotherham Court (Florida street address) New Registered Office Address: Florida_ Palm Harbor (City) (Zip Code) 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

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	<u>У</u> <u>М</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Roger N. Landi	5705 Gulf Drive
Add			New Port Richey, FL 34652
X Remove			
2) Change	v 	Anthony R. Landi	5705 Gulf Drive
Add			New Port Richey, FL 34652
X Remove			
3) Change	<u>ST</u>	Grace Haimes	5705 Gulf Drive
Add			New Port Richey, FL 34652
X Remove			
4) Change	DV	Lauren Warren	PO Box 242
X Add			Dunedin, FL 34697
Remove			
5) Change	D	John Warren	PO Box 242
X Add			Dunedin, FL 34697
Remove			
) Change	DPST	James Warren	PO Box 242
X Add			Dunedin, FL 34697
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	*

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
1/12 Effective date <u>if applicable</u> :	2/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicable statutory filing requirements, this cepartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amend	ment(s)
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/	were
1/12/2018 Dated		
Signature		
have not be	rman or vice chairman of the board, president or other officer-if direction selected, by an incorporator — if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
James W	/апеп	
	(Typed or printed name of person signing)	
Presiden	t/Director	
	(Title of person signing)	<u> </u>