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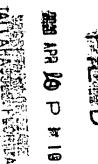
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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APR 2 3 2013 T. LEMBEUX



COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | Palmas De Mallorca C | ondomium Owner's | Association, I | inc. |
|--------------------------------------|--|--|--------------------|---|
| DOCUMENT NUMBER: | 04000001287 | | | |
| The enclosed Articles of Amen | adment and fee are submi | tted for filing. | | |
| Please return all correspondence | ce concerning this matter | to the following: | | |
| Ronald L. Clark | | | | |
| | 1) | Name of Contact Pers | son) | |
| Clark, Campbell, Lancaster & | Munson, P.A. | | | |
| | | (Firm/ Company) | . , | |
| 500 South Florida Avenue, Su | ite 800 | | | |
| | | (Address) | | |
| Lakeland, FL 33801 | | | | |
| | ((| City/ State and Zip Co | ode) | |
| rclark@cclmlaw.com | | | | |
| E-n | nail address: (to be used for | or future annual repo | rt notification | n) |
| For further information concer- | ning this matter, please ca | all: | | |
| Lisa Manson | | at | 863 | 647-5337 |
| 4) | lame of Contact Person) | | Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the follower | lowing amount made pays | able to the Florida De | partment of S | State: |
| ☐ \$35 Filing Fee 【 | □\$43.75 Filing Fee & □ Certificate of Status | 3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | O Filing Fee icate of Status ied Copy tional Copy is sed) |

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

| Palmas De Mallorca Condominium Owner's Association | ciation, Inc. | | | | |
|--|---------------|--|--------------------------------|--|--|
| (Name of Corporation | as current | ly filed with the Florida Dept. o | of State) | | |
| N04000001287 | | | | | |
| (Docum | nent Numbe | er of Corporation (if known) | | | |
| Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation: | rida Statutes | s, this <i>Florida Not For Profit Co</i> | rporation adopts the following | | |
| A. If amending name, enter the new name of the | corporation | on: | | | |
| N/A | | | The new | | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | ion" or "incorporated" or the ab | breviation "Corp." or "Inc." | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 500 South Florida Avenue, Suite 800 | | | |
| | | Lakeland, FL 33823 | | | |
| C. Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | 500 South Florida Avenue, Suite 800 | | | |
| | | Lakeland, FL 33823 | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent: | | <u>ldress:</u> | name of the | | |
| Name of New Registered Agent. | 500 South | Florida Avenue, Suite 800 | | | |
| New Registered Office Address: | | (Florida street ad | ddress) | | |
| | Lakeland | | Florida 33823 | | |
| | | (City) | (Zip Code) | | |
| New Registered Agent's Signature, if changing I | | | ions of the position. | | |
| , c | , | ML | , | | |
| _ | Siz | gnature of New Registered Agent | , if changing | | |
| | F | rage I of 4 | 17.12. | | |

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: XChange X Remove A Add | | Doe Jones Smith | |
|---------------------------------|--------------|-----------------------|---------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | STD | Linda McGurn | 2180 West SR 434 Ste 5000 |
| Add | | | Longwood, FL 32779 |
| X Remove | | | |
| 2) Change | D | Ronald L. Clark | 500 South Florida Avenue |
| X Add | | | Suite 800 |
| Remove | | | Lakeland FL 33823 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| | | | |
| Remove | | | |

| f amending or adding additional Art Matach additional sheets, if necessary). | (Be specific) | | |
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| The date of each amendment(s) as | doption; | , if other than the |
|---|---|---------------------|
| date this document was signed. | | |
| Imn Effective date if applicable: | nediately | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not epartment of State's records. | t 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 amendment(s) al. | |
| ☐ There are no members or mem adopted by the board of direct | bers entitled to vote on the amendment(s). The amendment(s) was/were ors. | |
| Dated April | 1. He, 2018), All O | |
| have not þé | rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | _ |
| Jennifer | Alford | |
| | (Typed or printed name of person signing) | |
| Presider | nt | |
| | (Title of person signing) | |