

N04 000002555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

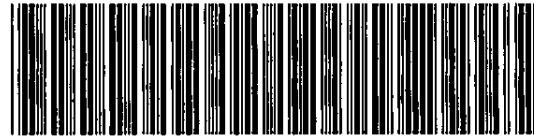
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000293939310

01/10/17--01012--014 **43.75

FILED
2017 MAR -6 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

and
sent
3/6/17

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: City Professional Center Condominium Association, Inc.

DOCUMENT NUMBER: N04000002555

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Ritter

(Name of Contact Person)

City Professional Condominium Association, Inc.

(Firm/ Company)

2100 SE Rays Way

(Address)

Stuart, Florida 34994

(City/ State and Zip Code)

bob@rcpshelters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Ritter

at 800 426-8660

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2017

ROBERT RITTER
2100 SE RAYS WAY
STUART, FL 34994

SUBJECT: CITY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N04000002555

We have received your document for CITY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 217A00000730

Articles of Amendment
to
Articles of Incorporation
of

City Professional Center Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N04000002555

(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:

The new

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)

2100 SE Rays Way

Stuart, Florida 34994

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2100 SE Rays Way

Stuart, Florida 34994

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:

Name of New Registered Agent:

Robert Ritter

2100 SE Rays Way

(Florida street address)

New Registered Office Address:

Stuart

(City)

Florida 34994

(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

FILED
 2017 MAR -6 PM 1:45
 SECRETARY OF STATE
 4111 ATLANTIC BLVD., SUITE 100
 ATLANTA, GA 30335

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Michael Di Egidio</u>	<u>3456 SE Deggeller Court</u>
<input type="checkbox"/> Add			<u>Palm City, Florida 34990</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Robert Ritter</u>	<u>2100 SE Rays Way</u>
<input checked="" type="checkbox"/> Add			<u>Stuart, Florida 34994</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>V</u>	<u>Carl Fleming</u>	<u>2116 SE Rays Way</u>
<input checked="" type="checkbox"/> Add			<u>Stuart, Florida 34994</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S/T</u>	<u>Glen Hughes</u>	<u>2110 SE Rays Way</u>
<input checked="" type="checkbox"/> Add			<u>Stuart, Florida 34994</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>Gl</u>		
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

12-5-16

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert Ritter

(Typed or printed name of person signing)

President

(Title of person signing)