NO4503

(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:
J. HORNE NEC - 6 2024

Office Use Only



000440056270

11/22/24--01022--003 **85.00

FILED
2024 NOV 22 PH 4: 31

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

.

NAME OF CORPORATION: Sandalfoot Plaza P	roperty Association, Ir	nc.	
N04503 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Jason M. Lazar			
	(Name of Contact Po	erson)	
Investments Limited			
	(Firm/ Company	:)	······································
215 N Federal Highway			
	(Address)		
Boca Raton, FL 33432			
	(City/ State and Zip	Code)	
jlazar@investmentslimited.com			
E-mail address: (to be use	ed for future annual rep	ort notification	n)
For further information concerning this matter, pleas	e call:		
Jason M. Lazar	at	561	392-8920
(Name of Contact Person	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida l	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif S Certif	Filing Fee cate of Status led Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Div	eet Address nendment Sectivision of Corpo e Centre of T	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

Sandalfoot Plaza Property Association, Inc.

2024 NOV 22 PM 4: 33

(Name of Corporation as currently filed with the N04503	S Florida Dept. of State)	LINE AS TOTAL
(Docum	nent Number of Corporation	on (if known)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble: 215 N Federa	Highway
(Principal office address <u>MUST BE A STREET A</u>		L 33432
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) 215 N Federa	1 Hioghway
	Boca Raton, F	L 33432
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in F	lorida, enter the name of the
Name of New Registered Agent:	Jason M. Lazar	
	215 N Federal Highway	
<u>New Registered Office Address:</u>		(Florida street address)
	Boca Raton	. Florida 33432
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	t. I am familiar with and	
	augnature af 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>	n Doe e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P, D</u>	Catherine Nelson Brown	461 Park Avenue South Suite 801
X Remove			New York, NY 10016
2) Change Add	<u>P, D</u>	Morgan Brown	461 Park Avenue South Suite 801
X Remove Change X Add Remove	<u>P, D</u>	James H. Batmasian	New York, NY 10016 215 N Federal Highway Boca Raton, FL 33432
4) Change Add			
Remove			
5) Change Add		-	
Remove			
6) Change Add			
Remove			
E. <u>If amending or add</u> (attach additional sh	ling additional 3 weets, if necessary	articles, enter change(s) here:). (Be specific)	

	
	· · · · · · · · · · · · · · · · · · ·
-	
The date of each amendment(c) ad	option:
date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) l.

	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 11/18/2024	*			
	Signature				
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an interporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) James H. Batmasian				
(Typed or printed name of person signing)					
	President (Title of person signing)				

• • • • • • •