

N05 000002270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

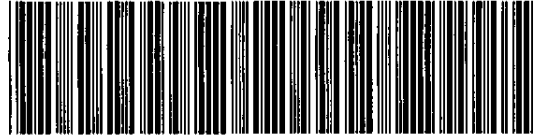
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300287343893

07/01/16--01005--019 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG - 8 AM 10:09

FILED

[Handwritten signature]

AUG 11 2016

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2016

CHARLES F. POSESS
4455 MILITARY TRAIL
STE. 102
JUPITER, FL 33458

SUBJECT: GREENWAY PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N05000002270

We have received your document for GREENWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 416A00014240

16 AUG -8 PM 3:05

*I don't think
the \$35.00
was sent??
they sent the
same form
back
we submitte*

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: N05000002270

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

Please return all correspondence concerning this matter to the following:

Charles F. Posess

(Name of Contact Person)

(Firm/ Company)

4455 Military Trail, Suite 102

(Address)

Jupiter, FL 33458

(City/ State and Zip Code)

nicole@patchreeftitle.com

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

For further information concerning this matter, please call:

Charles F. Posess

(Name of Contact Person)

at 561

296-6200

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Greenway Professional Center Condominium Association, Inc.

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

N05000002270

(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)

4495 Military Trail

Suite 106

Jupiter, FL 33458

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4495 Military Trail

Suite 106

Jupiter, FL 33458

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:

Adam C. Linkhorst, Esq. - Linkhorst & Hockin, PA

4495 Military Trail, Suite 106

(Florida street address)

New Registered Office Address:

Jupiter

(City)

Florida

33458

(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

RECEIVED
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

16 AUG -8 4M 10:09

FILED

(Attach additional sheets, if necessary)

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.

Example:

Address

d) _____ Change _____
 _____ Add _____
 _____ Remove _____

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____

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

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 7/27/16

Signature Charles F. Posess

(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)

CHARLES F. POSCESS
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)