## N0500004091

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AUG 1 9 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ESS PARK OWN	ERS ASSOCIATION, INC
DOCUMENT NUMBER: NO5000040	91	
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter t	o the following:	
DAVID SEXTON		
	Name of Contact Person	)
MCNAB BUSINESS PARI	K OWNERS	S ASSOCIATION
	(Firm/ Company)	
1420 SW 28TH AVE		
	(Address)	
POMPANO BEACH, FLO	RIDA 330	69
(0	City/ State and Zip Code	*)
LOB@CERTIFIEDI		
E-mail address: (to be used for	-	notification)
For further information concerning this matter, please ca		070 0707
DAVID SEXTON	<sub>at</sub> <u>954</u>	979-0707  ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Depa	rtment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \Certificate of Status	1\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

## Articles of Amendment to Articles of Incorporation

## MCNAB BUSINESS PARK OWNERS ASSOCIATION, INC. AUG 11 (Name of Corporation as currently filed with the Florida Dept. of State) N05000004091 (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: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida (City) 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

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 A Add	V Mik	n <u>Doe</u> te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I)Change	P	LEVINE, SHELDON R	6725 N W 16TH TERRACE
X Remove			FORT LAUDERDALE, FL 33309
2)Change	<u>s</u>	MORRISON, LISA M	6725 N W 16TH TERRACE
Add X Remove			FORT LAUDERDALE, FL 33309
3) Change	<u>P</u>	SEXTON, DAVID	1420 SW 28TH AVE
X Add			POMPANO BEACH, FL 33069
4)Change	<u>s</u>	VENDETTI, PATRICIA J	6727 NW 16th Terrace
XAdd			Ft. Lauderdale, FL 33309
5) Change			
Add			
6)Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
Any Menhers Changed

	e date of each amendment(s) a e this document was signed.	doption:	, if other than the
	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were awas/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) wal.	
	There are no members or men adopted by the board of direc	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
	have not b	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	oing President
		(Typed or printed name of person signing)  S. dent (oute, oing)  (Title of person signing)	
		Theory	Tresident ten
		Daid Sex	ten > -