

N0500000 7754

Division of Corporations

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Florida Department of State
Division of Corporations
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((H06000021763 3))

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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : BROAD AND CASSEL - TALLAHASSEE
Account Number : 119990000199
Phone : (850) 681-6810 XT 13346
Fax Number : (850) 681-9792

COR AMND/RESTATE/CORRECT OR O/D RESIGN

STADIUM VIEW CONDOMINIUM ASSOCIATION, INC.

RECEIVED
06 JAN 30 AM 8:00
DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TALLAHASSEE FLORIDA

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215 SOUTH MONROE STREET
SUITE 400
P O, DRAWER 11300
TALLAHASSEE, FLORIDA 32301
TELEPHONE: 850.681.6810
FACSIMILE: 850.681.9792
www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE: Monday, January 30, 2006 9:31:32 AM
 TO: Division of Corporations
 ADDRESS:
 TELECOPIER PHONE NO.: 205-0380
 CONFIRMATION PHONE NO.:
 FROM: Catherine Betzoldt
 TOTAL NUMBER OF PAGES: 05 (including cover)
 CLIENT AND MATTER: 36103-0001

MESSAGE:

Please file the attached amendment and charge filing fee to our account.

Thanks for all your help.

PLEASE NOTIFY US IMMEDIATELY IF ALL PAGES WERE NOT RECEIVED AT 850.681.6810

FAX OPERATOR: _____ FIRST ATTEMPT: _____ SECOND ATTEMPT: _____

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COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Stadium View Condominium Association, Inc.

DOCUMENT NUMBER: N05000007754

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

Please return all correspondence concerning this matter to the following:

Jennifer Winegardner
(Name of Contact Person)

Broad and Cassel
(Firm/ Company)

215 S Monroe Street, Suite 400
(Address)

Tallahassee FL 32301
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jennifer Winegardner at (850) 681-6810
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

FILED
06 JAN 30 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Stadium View Condominium Association, Inc.

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

N05000007754

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article II is hereby amended to state that the mailing address of the corporation is PO Box
15191, Tallahassee FL 32317.

(Attach additional pages if necessary)
(continued)


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The date of adoption of the amendment(s) was: January 25, 2006

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 was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Joseph P. Jones
(Typed or printed name of person signing)

Incorporator
(Title of person signing)

FILING FEE: \$35