

N65 0000 10693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

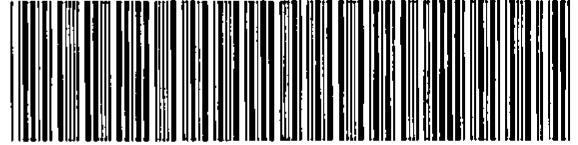
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500329931695

05/30/19 -- 0106 -017 **35.00

2019 MAY 30 AM 11:43

FILED

C. GOLDEN

JUN 19 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

THE PALMS CONDOMINIUM ASSOCIATION, INC., OF PALM BAY
NAME OF CORPORATION: _____

DOCUMENT NUMBER: N05000010693

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

Please return all correspondence concerning this matter to the following:

Joanna Rey

(Name of Contact Person)

(Firm/ Company)

P.O. Box 61198

(Address)

Palm Bay, FL 32906

(City/ State and Zip Code)

joanna.palmscondo@gmail.com

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

For further information concerning this matter, please call:

Joanna Rey	321	428-0848
(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:

- | | | | |
|---|---|--|--|
| <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



Clayton & McCulloh

ATTORNEYS AT LAW

www.clayton-mcculloh.com

May 28, 2019

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please process the enclosed, completed form for a change of Registered Agent and update for the Board of Directors for The Palms Condominium Association, Inc., of Palm Bay, Inc., document number N05000010693. We appreciate your processing the update at your earliest opportunity for our client.

Enclosed is a check for \$35.00 made payable to Florida Department of State, from The Palms Condominium Association, Inc., of Palm Bay, Inc. to cover fees for this update.

If you have any questions or complications, please contact me, David Batan, at dbatan@clayton-mcculloh.com or by phone at 407-875-2655, x151.

Thank you,

David Batan
Coordinator of Client Services

FILED

2019 MAY 30 AM 11:43

Articles of Amendment
to
Articles of Incorporation
of

THE PALMS CONDOMINIUM ASSOCIATION, INC., OF PALM BAY

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

N05000010693

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 61198., Palm Bay, FL 32906

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: Russell E. Klemm

1065 Maitland Center Commons Blvd

(Florida street address)

New Registered Office Address:

Maitland

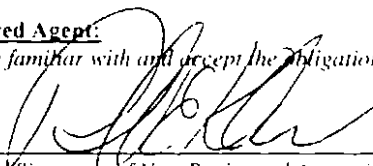
(City)

Florida 32751

(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

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 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>Raymond Davis</u>	<u>18 West Ave B Unit 3</u>
<input type="checkbox"/> Add			<u>Melbourne, FL 32901</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>Joanna Rey</u>	<u>P.O. Box 61198</u>
<input type="checkbox"/> Add			<u>Palm Bay, FL 32906</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Walter Hewett</u>	<u>P.O. Box 61198</u>
<input type="checkbox"/> Add			<u>Palm Bay, FL 32906</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Mark Riddle</u>	<u>P.O. Box 61198</u>
<input type="checkbox"/> Add			<u>Palm Bay, FL 32906</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>Tania Lopez</u>	<u>P.O. Box 61198</u>
<input type="checkbox"/> Add			<u>Palm Bay, FL 32906</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

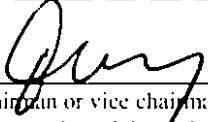
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 May 21, 2019 _____

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)

Joanna Rey

(Typed or printed name of person signing)

Treasurer

(Title of person signing)