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| (Re | questor's Name) | _ |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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July 18, 2019

JOANNA REY P.O. BOX 61198 PALM BAY, FL 32906

SUBJECT: THE PALMS CONDOMINIUM ASSOCIATION, INC., OF PALM BAY

Ref. Number: N05000010693

We have received your document for THE PALMS CONDOMINIUM ASSOCIATION, INC., OF PALM BAY 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: 619A00014661

COVER LETTER

TO: Amendment Section Division of Corporations

| Division of Corporations |
|---|
| NAME OF CORPORATION: The Palms Condominium Association, INC., of Palm & |
| DOCUMENT NUMBER: |
| 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) |
| The Palms COA, INC., of Palm Bay (Firm/ Company) |
| POBOX 61198 (Address) |
| Palm Bay, Fl 32906 (City/ State and Zip Code) |
| joanna. Palms condo a gmail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Joanna Rey at (954) 668-6210 (Namo of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Status Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Street Address |

Mailing Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

| Articles of Incorporation | |
|--|-----------|
| The Palms Condominium Association, INC, of Palm Bay | Ph 2: 544 |
| | , |
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| NO500010193 | • |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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) | _ |
| · | |
| | _ |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| d office address in Florida, enter the name of the | |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: | |
| | _ |
| Name of New Registered Agent: | |
| (Florida street address) | _ |
| New Registered Office Address: | |

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

Florida _____ (Zip Code)

| Executive Officer; CFO held. President, Treasure | president, 1 - 17ec = Chief Financial er, Director would | Officer. If an officer/dir be PTD. | rector holds more than | ee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office |
|--|---|---------------------------------------|---|---|
| Changes should be noted a change, Mike Jones led Mike Jones, V as Remove | aves the corporatio | III, Daliy Diriliri to Maries | Doe is listed as the PS the V and S. These sho | ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change. |
| Example: X Change X Remove X Add | PT John D V Mike J SV Sally S | <u>oneş</u> | | |
| Type of Action (Check One) | <u>Title</u> | Name | | <u>Addres</u> s |
| 1) Change | P | Barry V | <u>Ne dding</u> to | n POBOX 61198 Palm Bay, FL 32906 |
| Remove 2) | D | Walter L | lewett | P.OBOX 61198 Palm Bay, Fl 32906 |
| Remove 3) Change Add Remove | | | | |
| 4) Change Add Remove | | | | |
| 5) Change Add Remove | | | | |
| 6) Change Add Remove | | | | |
| KEINUYE | | | | - - |

Page 2 of 4

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) | | | | | |
|--|---------------|---|--------------|---|----------|----------|
| (attach additional sheets) | | • | • | | | |
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| 1 | dention: | , if other than the |
|---|---|---------------------|
| The date of each amendment(s) at | uoption | |
| 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 blodocument's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a | adopted by the members and the number of votes cast for the amendment(s) val. | |
| There are no members or mer adopted by the board of direct | mbers entitled to vote on the amendment(s). The amendment(s) was/were | |
| Dated | August 15, 2019 | |
| have not | nairment or vice chairmen of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary) | _ |
| | TO anna Rey (Typed or printed name of person signing) | |
| | Treasurer (Title of person signing) | |