Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : SALVATORI & WOOD, BUCKEL & WEIDENMILLER, PL

Account Number : I20030000112 Phone : (239)552-4100 Fax Number : (239)649-1706

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN IPB COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

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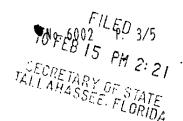
Corporate Filing Menu

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Feb. 15. 2010 11:34AM

SALVATORI & WOOD

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Articles of Amendment to Articles of Incorporation of

IPB Commercial Condominium Association,	Inc.			
(Name of Corporation as currently filed with the Florida Dept	of State)			
N05000012312				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not</i> the following amendment(s) to its Articles of Incorporation:	For Profit Corporation adopts			
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and contain the word "corporation" of abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the new	r "incorporated" or the ame.			
B. Enter new principal office address, if applicable: 4001 Tamian	ni Tr N Ste 350			
(Principal office address <u>MUST BE A STREET ADDRESS</u>) Naples FL 34	1103			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4001 Tamlam	i Tr N Ste 350			
Naples FL 34	103			
D. If amending the registered agent and/or registered office address in Florinew registered agent and/or the new registered office address:	da, enter the name of the			
Name of New Registered Agent: Salvatori Wood Buckel & W	eidenmiller			
9132 Strada PI 4th FI	ir			
New Registered Office Address: (Florida street address,)			
Naples	Florida 34108 (Zip Code)			
(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with ana position.	d accept the obligations of the			
	; y cnangmg			
Signature of New Registered Agent	, if changing			

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
PD	Karen B Ankney	12810 Tamiami Tr N Naoles FL 34110	☐ Add ☑ Remove	
<u>VD</u>	Michael Joseph	999 Vanderbilt Beach Rd Naples FL 34108		
<u>TD</u>	Leslie Carl	999 Vanderbilt Beach Rd Naples FL 34108	☐ Add ☑ Remove	
E. <u>If amendir</u> (attach add	ng or adding additional Articles, entitional sheets, if necessary). (Be specified)	ter change(s) here: ecific)		
<u> </u>				
			7272 F	

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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)

Title	Name	Address	Type of Action
PD	Thomas Chad Lund	4001 Tamiami Tr N Ste 350 Naples, FL 34103	Add
V D	Carey H. Anderson	4001 Tamiami Tr N Ste 350 Naples, FL 34103	Add
TD	John B. Story	4001 Tamiami Tr N Ste 350 Naples, FL 34103	Add

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The date of each amendment(s) ac	doption: August 21, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adward was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
adopted by the board of director Dated August 2 Signature (By the chave not	
	(Title of person signing)

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