

Office Use Only



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R. WHITE JUL 02 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Oakwood Pro NAME OF CORPORATION:	fessional Center Cond	ominium ———	Assoc	ciation, Inc. ————————————————————————————————————	
N05000012532 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Joseph Knight, RDT					
	(Name of Contact	Person)			
	(Firm/ Compa	ny)			
5025 Ringwood Mdw					
	(Address)				
Sarasota, FL 34235					
	(City/ State and Zi	p Code)			
joseph@managesarasota.com					
E-mail address: (to be	used for future annual r	eport notif	ication	1)	_
For further information concerning this matter, p	lease call:				
Joseph Knight	į	941		374-1004	
(Name of Contact P			ode)	(Daytime Telephone Number)	
Enclosed is a check for the following amount ma	ide payable to the Florida	Departme	ent of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	_	'is	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	, L	treet Add amendmen Division of Elifton Bui	t Secti Corpo		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Oakwood Professional Center Condominium Association, Inc.

18 JUN 28 AM 16: 02

	tly filed with the Florida Dept. of State)
N05000012532	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
N/A	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	
	, Florida (City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
The state of the s	
Si	gnature 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: XChange X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
X Change	DT	Barbara Nilsen	5025 Ringwood Mdw
Add			Sarasota, FL 34235
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u>-</u>
Remove			

f amending or adding ad attach additional sheets, if	necessary). (Be	specific)				
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The date of each ame	•	06/26/2018 ition:	, if other than the
date this document wa	s signed.		•
Effective date <u>if appl</u>	icable:		
		(no more than 90 days after amendment file date)	
		does not meet the applicable statutory filing requirements, this date will not timent of State's records.	t be listed as the
Adoption of Amendn	nent(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s was/were sufficient		ted by the members and the number of votes cast for the amendment(s)	
There are no men adopted by the bo		s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	6/26	12018	
Signature	_	1. Kn St	
·	(By the chairma have not been s	n or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	_
	Joseph Kni	ight	
		(Typed or printed name of person signing)	
	RDT		
		(Title of person signing)	•