# NO6000004 331

(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:
Corrected by telegram com TR 6-134
Jelyson Can
TR 6-1341

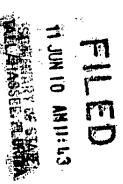
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2011

CHAD R. LAING LAING LAW GROUP, P.A. 6111 BROKEN SOUND PKWY, STE 330 BOCA RATON, FL 33487

SUBJECT: WILES BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000004331

We have received your document for WILES BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. 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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 511A00012982

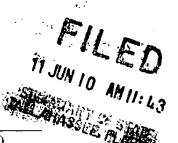
#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Wiles Busines	ss Cent	er Con	dominium	Association, Inc.
DOCUMENT NUM	BER: N06000004331				
The enclosed Articles	of Amendment and fee are sul	bmitted fo	r filing.		
Please return all corre	espondence concerning this mat	tter to the	following	<b>g</b> :	
	CHAD F				
	(Name of	f Contact I	Person)		
	LAING &	<del></del>	<del></del>	<b>-</b> -	
	(Firm	n/ Compar	ıy)		
	6111 BROKEN SOUNI		NAY N	W, SUITE 3	330
	(.	Address)			·
	BOCA RATO			487	
	(City/ Sta	ate and Zip	Code		
	laing@ E-mail address: (to be use	lainglawed for futu		report notific	cation)
For further information	on concerning this matter, pleas	se call:			
CHAD R. LAING,	ESQ.	at (	561	) 416-18	18
(Name	of Contact Person)			Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	oayable to	the Flori	da Departmer	nt of State:
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certi	fied Copy itional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations 30x 6327		Amend Division Clifton	Address Iment Section on of Corporati Building	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



### Wiles Business Center Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

## N0600004331 (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:

ne new name must be distinguishable and obreviation "Corp." or " Inc." <mark>"Company"</mark>		
Enter new principal office address, if apprincipal office address MUST BE A STRE		11354 Wiles Road
		Coral Springs, FL 33076
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		11354 Wiles Road
		Coral Springs, FL 33076
If amending the registered agent and/or new registered agent and/or the new reg		address in Florida, enter the name of the
	gistered office ad	address in Florida, enter the name of the
new registered agent and/or the new reg	distered office ad Chad	address in Florida, enter the name of the dress:
new registered agent and/or the new reg	ristered office ad Chad 6111 Broken	address in Florida, enter the name of the dress:  R. Laing, Esq.
<u>Name of New Registered Agent:</u>	Chad 6111 Broken (Flor	R. Laing, Esq.  Sound Pkwy NW, 330  ida street address)
<u>Name of New Registered Agent:</u>	Chad 6111 Broken (Flor	R. Laing, Esq.  Sound Pkwy NW, 330  ida street address)

## 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>	Address	Type of Action
PD	Andrew Behm	3650 Coral Ridge Drive, 103 Coral Springs, FL 33065	_ ☐ Add _ ☑ Remove
<u>TD</u>	Greg Berger	3650 Coral Ridge Drive, 103 Coral Springs, FL 33065	_ □ Add □ ☑ Remove
P	Bassam Balkiss	11354 Wiles Road Coral Springs, FL 33076	_ ☑ Add _ ☐ Remove
(attach	nding or adding additional Articles additional sheets, if necessary). (B itional Officers/Directors as following, Vice President, 11320 V	lows:	
Coral Sp	orings, FL 33076		
Fred Dav	vis, Treasurer, 11324 Wiles Ro	ad	
Coral Sp	rings, FL 33076		
			<del></del>
<u> </u>			
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<u></u> .			
<del></del> -	,		

. The date of each amendme	ent(s) adoption: April 28, 2011
Effective date if applicable	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s	) (CHECK ONE)
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated_Ju	ne 9, 2011
Signature	
h	By the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	Chad R. Laing, Esq.
	(Typed or printed name of person signing)
	Counsel for Association , Attony
	(Title of person signing)

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