(Po	questor's Name)	
(Ne	questors Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
- (Ru	siness Entity Name)	
(00	siless Ellity Name)	
		
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Eiling Officer	
Special instructions to	rining Officer.	
<u> </u>		

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	NOB HILL BUSINES	SS CENTER CONE	OMINIUM A	SSOCIATION, INC.
NO DOCUMENT NUMBER:	06000004353			
—— The enclosed Articles of Amen		nitted for filing.	,	
Please return all correspondenc	e concerning this matter	to the following:		
Patti Powers				
		(Name of Contact Pe	erson)	
NOB HILL BUSINESS CENT	ER CONDOMINIUM	ASSOCIATION, IN	iC.	
		(Firm/ Company	y)	
5385 N. NOB HILL ROAD				
		(Address)		
SUNRISE, FL 33351				
	(City/ State and Zip	Code)	
PPOWERS@GMSSF.COM				
E-m	ail address: (to be used	for future annual rep	ort notification	n)
For further information concern	ing this matter, please c	all:		
KIMBERLY DONATO		at	954	742-0574
(N	ame of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made pay	able to the Florida I	Department of :	State:
\$35 Filing Fee C	3\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is ssed)
Mailing Address		<u>Str</u>	reet 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

FILED

17 NOV 16 PH 1: 25

SECRETALLY OF STATE TALLAHASSIEF FOR SAIDA

NOB HILL BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

		MELAGASSI (1) MIN	
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)	
N06000004353			
(Docur	nent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporation:		
		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		d" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	5385 N. NOB HILL	ROAD	
(Principal office address <u>MUST BE A STREET A</u>		· !	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	5385 N. NOB HILL	ROAD	
	SUNRISE, FL 33351		
N. F			
 If amending the registered agent and/or regi- new registered agent and/or the new register 		enter the name of the	
Name of New Registered Agent:	PATTI POWERS		
Name ty New Regimerea Agent.	5385 N. NOB HILL ROAD		
	(Florida street address)		
New Registered Office Address:			
	SUNRISE	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	at. I am familiar with and accept		
	Signature of New Regist	ered 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: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
I) Change	PD	ANDREW BEHM	5359 NOB HILL ROAD
Add _X Remove			SUNRISE, FL 33351
2) Change		GREG BERGER	5359 NOB HILL ROAD
Add Remove			SUNRISE, FL 33351
3) Change	C	TIMOTHY SMITH	5391 N. NOB HILL ROAD
Add			SUNRISE, FL 33351
4) Change	VC	ROGER KRAHL	5357 N. NOB HILL ROAD
Add			SUNRISE, FL 33351
5) Change	<u>T</u>	DARRIN MOSSING	5385 N. NOB HILL ROAD
Add Remove			SUNRISE, FL 33351
6) Change		PATTI POWERS	5385 N. NOB HILL ROAD
Add			SUNRISE, FL 33351
Remove			

<mark>lf amending or ado</mark> a <i>itach additional sh</i>	neets, if necessary)	. (Be specific,)				
							
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				v=			
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	NOVEMBER 3, 2017	
	e date of each amendment(s) adoption:	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	: listed as the
Ado	option 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	
	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)	
	TIMOTHY SMITH	
	(Typed or printed name of person signing)	
	CHAIRMAN	
	(Title of person signing)	