N06000004438

(Requestor's Name) (Address) (Address)	1001572294
(City/State/Zip/Phone #)	07/06/0901012015
(Business Entity Name) (Document Number)	01/00/00 01012 013
Certified Copies Certificates of Status	SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Oregon Place Condominium Association, Inc. N0600000 4438 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 228-923>
(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation	on			
Oregon Place Contominion				
(Name of Corporation as currently filed with the Florida Dept. of State)				
Nobologo 4438 (Decument Number of Corporation (of known)			
(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 "conabbreviation "Corp." or "Inc." "Company" or "Co." may not be u	sed in the name.			
B. Enter new principal office address, if applicable:	101 S. Moody Ave			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA, FC			
	33609			
)) 0 0 1			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1015. Moody Ave			
(Mulling under 23 MAT 19271 TOST GT TTOS BOTS)	TAMPA, FL			
				
	77609			
D. If amending the registered agent and/or registered office add				
new registered agent and/or the new registered office address	E Day			
	e Pitisui			
	Moody Ave			
New Registered Office Address: (Florida si	treet address)			
- THM	ity), Florida 3 5 6 (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent. I am family position.	liar with and accept the obligations of the			
1) 1	11 1/2 30			
Signature of New Reg.	istered Agent, if changing			
Page 1 of 3	JUL-6 A HASSEE			
	M 9:2 FSTAT FLORI			

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	<u>Name</u>	Address / A / A	Type of Action
V <u>PV</u>	Neil LAyfon	3412 W. BAYto BAYBA MAMPA,FL 33629	Add Remove
O <u>T</u>	Deborah Layton	3412 w. Bay tobay B/V.L.	
0 <u>PVT</u>	D. Lee Pitisci	101 S. Moody Ave TAMPA, FL 33609	Add Remove
		<u></u>	-
	ling or adding additional Articles, enti dditional sheets, if necessary). (Be spe		
		· · · · · · · · · · · · · · · · · · ·	
			·
			170
			

•	6/29/09
The date of each amendment(s) a	adoption:(date of adoption is required)
Effective date if applicable:	6/29/09
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of director	obers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	29/09 D Lee A
(By the have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	D. Lee Pitisi
	(Typed or printed name of person signing)
_	Director/Secretary
	(Title of person signing)