

ND6000006531

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

date of submission

9/7

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BELLA TERRAZA CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	087
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

SEP 09 2016
Help C McNAIR

9/8/2016 4:43:42 PM From: To: 8506176380(2/7)



September 8, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BELLA TERRAZA CONDOMINIUM ASSOCIATION, INC.

C/O ASPEN SQUARE MANAGEMENT, INC.

380 UNION ST. SUITE 300

WEST SPRINGFIELD, MA 01089

SUBJECT: BELLA TERRAZA CONDOMINIUM ASSOCIATION, INC.

REF: N06000006531

RECEIVED
DIVISION OF CORPORATIONS
16 SEP - 7 11:09:50

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

FAX Aud. #: H16000221980
Letter Number: 416A00018972

RE-SUBMIT

Please retain original filing
date of submission 9/7

RECEIVED
16 SEP - 8 AM 5:12
DIVISION OF CORPORATIONS

9/8/2016 4:43:42 PM From: To: 8506176380(3/7)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bella Terraza Condominium Association, Inc.

DOCUMENT NUMBER: N06000006531

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Briggs

(Name of Contact Person)

c/o Aspen Square Management, Inc.

(Firm/ Company)

380 Union St., Suite 300

(Address)

West Springfield, MA 01089

(City/ State and Zip Code)

Stephanie_Briggs@aspensquare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Briggs

413

439-6380

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
16 SEP -7 3:11 9:50

RECEIVED
16 SEP -7 AM 9:50

Articles of Amendment
to
Articles of Incorporation
of

Bella Terraza Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000006531

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: C T Corporation System
1200 South Pine Island Road
(Florida street address)

New Registered Office Address:
Plantation Florida 33324
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Connie Bryan
Signature of New Registered Agent, if changing

Connie Bryan
Assistant Secretary

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	D	Jim Gennari	380 Union St., Suite 300
<input type="checkbox"/> Add			West Springfield, MA 01089
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

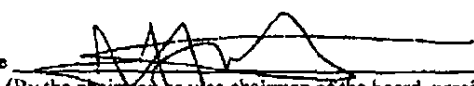
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 September 7, 2016

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)

Jeffrey Strole

(Typed or printed name of person signing)

President

(Title of person signing)

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18506176380

FROM Breno Gomes

DATE 2016-09-08 20:57:18 GMT

RE taxhouse - IMPERIAL STONES CORPORATION

COVER MESSAGE

Nathalia Silva

Accountant

(954) 482-5000 Main

(954) 241-5600 Fax

[image: Go to taxhouse.us]

<<https://tracking.cirrusinsight.com/e65edd8a-44c2-4c0d-8f69-c5e76b38f052/taxhouse-us>>

1100 South Federal Hwy
Deerfield Beach, FL 33441