

N 060000008009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

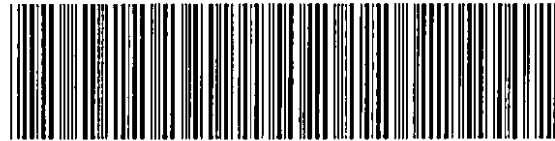
Certified Copies _____

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FILED

2019 OCT 17 AM 11:15

19 OCT 17 10:42:39

G. GOLDEN


NOV - 4 2019

06

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 013732 7664206

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : October 16, 2019

ORDER TIME : 8:56 AM

ORDER NO. : 013732-005

CUSTOMER NO: 7664206

DOMESTIC AMENDMENT FILING

NAME: PALMETTO DISTRIBUTION FACILITY
I CONDOMINIUM ASSOCIATION,
INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N06000008009

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

Please return all correspondence concerning this matter to the following:

Agnes Liu

(Name of Contact Person)

Brookfield Property Group

(Firm/ Company)

181 Bay Street, Suite 300

(Address)

Toronto, Ontario, M5J 2T3

(City/ State and Zip Code)

agnes.liu@brookfield.com

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

For further information concerning this matter, please call:

Agnes Liu

1

416-359-8586

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 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



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2019

CORPORATION SERVICE COMPANY ***2ND MAILING***

SUBJECT: PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000008009

2019 NOV -1 PM 4:30

We have received your document for PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM ASSOCIATION, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please list only one (1) principal office address.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00021570

CG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2019

CORPORATION SERVICE COMPANY

SUBJECT: PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000008009

We have received your document for PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM ASSOCIATION, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please list only one (1) principal office address.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00021570

Articles of Amendment
to
Articles of Incorporation
of

PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM ASSOCIATION, INC.

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

2019 OCT 17 AM 11:15

N06000008009

(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/o BPREP 3400 NW 74th Avenue Unit I LLC

250 Vesey Street, 15th Floor

New York, NY 10281-1023

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: Corporation Service Company

1201 Hays Street

(Florida street address)

New Registered Office Address:

Tallahassee

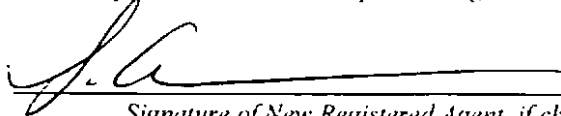
(City)

Florida 32301

(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.



Signature of New Registered Agent, if changing

Lydia Cohen
Asst. Vice President

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PTD</u>	<u>JAIME PEISACH</u>	<u>17701 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>SUITE 300</u>
<input checked="" type="checkbox"/> Remove			<u>AVENTURA, FL 33160</u>
2) <input type="checkbox"/> Change	<u>VPSD</u>	<u>SEBASTIAN GUEJMAN</u>	<u>17701 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>SUITE 300</u>
<input checked="" type="checkbox"/> Remove			<u>AVENTURA, FL 33160</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>TONY GONZALEZ</u>	<u>17701 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>SUITE 300</u>
<input checked="" type="checkbox"/> Remove			<u>AVENTURA, FL 33160</u>
4) <input type="checkbox"/> Change	<u>SVPD</u>	<u>JENNIFER VICTOR</u>	<u>250 VESEY ST., 15TH FL</u>
<input checked="" type="checkbox"/> Add			<u>NEW YORK</u>
<input type="checkbox"/> Remove			<u>NY 10281-1023</u>
5) <input type="checkbox"/> Change	<u>SVPD</u>	<u>JOHN MORGAN</u>	<u>250 VESEY ST., 15TH FL</u>
<input checked="" type="checkbox"/> Add			<u>NEW YORK</u>
<input type="checkbox"/> Remove			<u>NY 10281-1023</u>
6) <input type="checkbox"/> Change	<u>VPD</u>	<u>JOONAS PARTANEN</u>	<u>250 VESEY ST., 15TH FL</u>
<input checked="" type="checkbox"/> Add			<u>NEW YORK</u>
<input type="checkbox"/> Remove			<u>NY 10281-1023</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

September 19, 2019

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

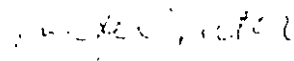
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 19, 2019 _____

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)

JENNIFER VICTOR

(Typed or printed name of person signing)

SENIOR VICE PRESIDENT

(Title of person signing)