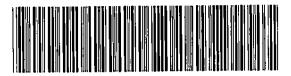
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
D CK 05 MAIL MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF SHEER WINNESS SHATE

MAY 1 . 2021

D CUSHING

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CParkway Business Con	mplex North				
Condominium Associat	ion, Inc.				
			Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation	2021 MAY 10	
			Annual Report / Reinstatement Cert. Copy		 -
			Photo Copy		
			Certificate of Good Standing		
			Certificate of Status		
			Certificate of Fictitious Name		_
			Corp Record Search		
			Officer Search		
			Fictitious Search		
Signature		·	Fictitious Owner Search		
			Vehicle Search		
		- <u></u>	Driving Record		
Requested by: SETH			UCC 1 or 3 File		
Name	Date Time	<u> </u>	UCC 11 Search		
наше	Date Time	\	UCC 11 Retrieval		
Walk-In	Will Pick Up		Courier		

COVER LETTER

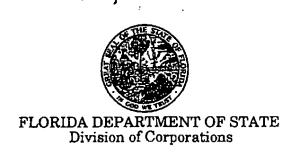
TO: Amendment Section Division of Corporations

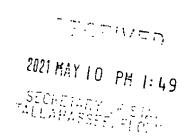
Tallahassee, FL 32314

NAME OF CORPORATION: Paykwa	y Business	Complex.	North Condominiu
	 -		Association.
DOCUMENT NUMBER: NOGOOC	08556		•
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Krist	Name of Contact Pe	nerer	
	(Name of Contact Pe	rson)	
Kevin	7. Moc	Kay,	P. L.
380 5. Courten	ay PKun	<u>م</u> .	
	(Tital Coo)		
Mexitt Is	sland, FL	3295	
	(City/ State and Zip C	Code)	
E-mail address: (to be us	ed for future annual rep	ort notification)	
For further information concerning this matter, plea	se call:		
Kristin E. Schare (Name of Contact Perso	at_	(321)6	31- 6758
(Name of Contact Person	on)	(Area Code) (I	Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of Sta	te:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certificat Certified	e of Status Copy al Copy is
Mailing Address		eet Address	
Amendment Section Division of Corporations		iendment Section zision of Corporat	ions
P.O. Box 6327		e Centre of Tall:	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





May 7, 2021

CAPITAL CONNECTION, INC.

SUBJECT: PARKWAY BUSINESS COMPLEX NORTH CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N06000008556

We have received your document for PARKWAY BUSINESS COMPLEX NORTH CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Diane Cushing Senior Section Administrator

Letter Number: 921A00009536

Articles of Amendment to Articles of Incorporation of

Yaxkway Business	Complex No	14th Cond	uinima	~ 45	α (
(Name of Corporation as currently filed with the Florida	Dept. of State)				
NO60000	8556				
	ber of Corporation (if kno-	wn)			
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:		Profit Corporation	adopts the fi	ollowing	
A. If amending name, enter the new name of the corpor	ation:				
				The new	
name must be distinguishable and contain the word "corporate" or "Co." may not be used in the name.	ation" or "incorporated"	or the abbreviation	i "Corfict or > R	2021 H	
B. Enter new principal office address, if applicable:				<u> </u>	1 [
(Principal office address <u>MUST BE A STREET ADDRES</u>	$\overline{\Sigma}$)		3.7	0	- El-lare
			<u> </u>	>	
			THE THE	AH	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				IO: 22	م
		-			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of t	<u>he</u>		
			a .		
Name of New Registered Agent:	Kevin 7. M 380 S. Coura	<u>larkuy,</u>	<u> </u>		
:	580 S. COUYA	enay Pk	دسائع.		
	(Flori	da street address)			
New Registered Office Address:					
Me	(ritt Island	, Flori	da <u> </u>	925	
<u></u>	(City)		code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	e <mark>d Agent:</mark> familiar with and accept th	(/			
	/; N	My.	cslv	esida	Ļ
	Signature of New Register	ed Agent, if changi	ng		

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove A Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	PD	Everett Wegerif	P.O. Box 541725 Mexxi++ Island, FZ 32954
Remove 2) Change Add	D	Diane Helseth	P.O. BOX 541725 MRCYIHT = Sland, FL 32954
Remove Change Add Remove	ND	Everett J. Wegerif	P.U. BOX 541725 Merritt Island, FC 32955
4) Change Add		Daniel Wagen F	P.O. Box 541725 Mexvitt Island, FL 32954
Remove 5) Change Add	P	Daniel Wagerif	P.O. BOX 54,725 Merritt Island, FL 32954
Remove 6) Change Add			
E. If amending or add (attach additional sh		articles, enter change(s) here;). (Be specific)	

•		
	- <u> </u>	
		
		
		
The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	at be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

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 5/4/21
Signature Land (r. Wel)
(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)
Daniel Wegerif
(Typed or printed name of person signing)
Director
(Title of person signing)