## NO6 000010797





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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassec, FL 32314

NAME OF CORPORATION:	Vilshire Plaza Condomit	ım Asociation Inc.	
N06000010797 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee			
Please return all correspondence concerning the	his matter to the followi	ng:	
Charlie Orden			
	(Name of Cont	act Person)	<u> </u>
RE/MAX Town Centre			
	(Firm/ Con	npany)	
P.O. 2593			
	(Addre	ss)	
Orlando Fl 32802			
	(City/ State and	l Zip Codc)	· · · · · · · · · · · · · · · · · · ·
Charlieorden@rtcglobal.net			
E-mail address; (to	be used for future annu	al report notificatio	n)
For further information concerning this matter	r, please call:		
Rence Burrus		407- at	924-1222
(Name of Contact	t Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		oy Centification (Addi	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corporate Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	Article	to s of Incorporation		
Metrowest Wilshire Plaza Condominium Associatio		of		
			<del></del>	
(Name of Corporation as currently filed with the ) N06000010797	<u>Florida</u> )	Dept. of State)		. 8
	mt Niumb	per of Corporation (if		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:			·	n adopts the following
A. If amending name, enter the new name of the	corporat	tion:		
N/A				Tt
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corpora	tion" or "incorporate	d" or the abbreviation	The new on "Corp." or "Inc."
B. Enter new principal office address, if applicable	le:	RE/MAX Town Cer	ntre	
(Principal office address <u>MUST BE A STREET AD</u>		) 330 E Central Bivd		<del></del>
		Orlando Fl 32801		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		Metrowest Wilshire	Piaza Condo Assco.	Inc
		C/O RE/MAX Tow	o Centre	<del></del>
		P.O. Box 2593 Orla	ndo Fl 32802	
D. If amending the registered agent and/or registened new registered agent and/or the new registered	ered offi	ce address in Florida	, enter the name of	the
		Town Centre		
<u>Name of New Registered Agent:</u>			<del></del>	
3	30 E Cer	ntral Blvd		<u> </u>
New Registered Office Address:		(I	lorida street address)	
C	Orlando		, Flor	32801
_		(City)		p Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	I am fa	Agent: miliar with and accep  Mulliar with and accep  gnature of New Regis	Ollin	

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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>VP</u>	Mohammed Moosa	2869 Wilshire Dr #205 Orlando Fl 32835
Remove			
2) Change x Add	S TR	Sergio Quiroga	2869 Wilshire Dr #204 Orlando Fl 32835
Remove 3) Change	<u>s</u>	Shaik Ejazuddin	8608 Wild Cherry Court
Add × Remove			Orlando fl 32836
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)	
N/A			
	· · · · · · · · · · · · · · · · · · ·		

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The date of each amendment(s) adoption: N/date this document was signed.	<u>'A</u>	, if other than the
Effective date if applicable:		
(no n	nore than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be State's records.	e listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast 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 $\frac{5}{21/20/3}$
	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)
	MMors
	(Typed or printed name of person signing)
	i/. C

(Title of person signing)