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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Elite Co	ommerce Center Condomin	ium Association, Inc.	
N060000123	357		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	fee are submitted for filin	g.	
Please return all correspondence concern	ing this matter to the follow	ving:	
John T. Ankner, Esq			
	(Name of Co	ntact Person)	
Law Office of Saunders & Saunders, P.A.	١.		
	(Firm/ Co	ompany)	
7232 W Sand Lake Road, Suite 202		•	
	(Add	ress)	
Orlando, Florida 32819			
	(City/ State a	nd Zip Code)	
E-mail addres	s: (to be used for future and	iual report notification	n)
For further information concerning this m	atter, please call:		
John T. Ankner, Esq.		321 at	319-0459
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	ount made payable to the F	lorida Department of	State:
	Filing Fee & \$\Bigsquare\squar	opy Certif copy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

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

## **Articles of Amendment**

2015 OFC 10 PM 4:00 Articles of Incorporation Elite Commerce Center Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N06000012357 (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: 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. 4700 L.B McLeod Road B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 5 Orlando, Florida 32811 C. Enter new mailing address, if applicable: 4700 L.B. McLeod Road (Mailing address MAY BE A POST OFFICE BOX) Suite 5 Orlando, Florida 32811 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: (Florida street address) New Registered Office Address: (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

## 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	<u>V</u> <u>M</u>	hn <u>Doe</u> ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	David Bates	7232 W Sand Lake Road
Add			Suite 300
X Remove			Orlando, FL 32819
2) Change	PD	Faro Randazzo	4700 L.B. McLeod Road
X Add			Suite 5
Remove			Orlando, FL 32811
3 ) Change	VD	John Hubbard	4700 L.B. McLeod Road
Add			Suite B2
X Remove			Orlando, FL 32811
4) Change	VD	Lane Garrett	12940 Kedleston Circle
X Add			Ft. Myers, FL 33912
Remove			
5) Change	STD	Jeff Campese	4700 L.B. McLeod Road
Add			Suite B2
X Remove			Orlando, FL 32811
6) Change	STD	Terisa Boyet	7802 Kingspointe Pkwy.
X Add			Suite 207A
Remove			Orlando, FL 32819

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Not applicable.	Not applicable.			
<u></u>				
<del></del>				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no mor	re than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of States.	eet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHEC	CK ONE)
■ The amendment(s) was/were adopted by the r was/were sufficient for approval.	nembers and the number of votes cast for the amendment(s)
There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The amendment(s) was/were
Dated 12 - 8 - 1.5	
Signature (By the chairman or vice ch	nairman of the board, president or other officer-if directors
have not heen selected, by other court appointed fidu	arrincorporator – if in the hands of a receiver, trustee, or ciary by that fiduciary)
David_Bates_	(Typed or printed name of person signing)
	(Typed of prince hame of person signing)
_ President	(Title of person signing)
	(Title of beloon signing)