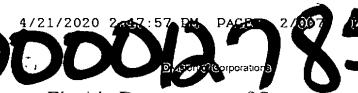
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Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

RESUBMIT: Please use original file date 3/27/20

H20000094664

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(((H20000094664 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195 Phone : (850)521-0821

Fax Number : (850)558-1515

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

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN MISSION OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

Certificate of Status	umanamananananananananananananananananan
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Electronic Filing Menu Corporate Filing Menu

Help



April 20, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations MISSION OVERLOOK CONDOMINIUMS ASSOCIATION, INC. P.O. BOX 13089 TALLAHASSEE, FL 32317

SUBJECT: MISSION OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

REF: N06000012785

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

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.

Terri J Schroeder FAX Aud. #: H20000094664 Regulatory Specialist III Letter Number: 020A00008175

Articles of Amendment 10 Articles of Incorporation of

MISSION OVERLOOK CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with th	e Florida I	Dept. of State)	
N06000012785			
(Docur	nent Numb	er of Corporatio	un (if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statut	es. this <i>Florida i</i>	Not For Profit Carporation adopts the following
A. If amending name, enter the new name of th	e corporat	ion:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorp	The new porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		21362 Sonesta Way	
		Boca Raton, F.	°1. 33433
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		21362 Sonesta	a Way
		Boca Raton, Fl	L 33433
D. If amending the registered agent and/or reginew registered agent and/or the new register.		ddress:	lorida, enter the name of the
Name of New Registered Agent:			
	21362 Son		(Florika struet address)
New Registered Office Address:			[
	Boca Rate		, Florida 33433
		(City)	(Zip Cule)
New Registered Agent's Signature, if changing t I hereby accept the appointment as registered agen	Registered u. Lam far	Agent: niliar with and a	accept the obligations of the position.
	/	49a-	Dladen
-	Si	enature of New	Revistered Agent, If changing

5/007 Fax Server

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:

graning and

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

Example: X Change X Remove X Add	V Mik	Duc Lones Smith	
Type of Action (Check One)	Title	Nume	<u>Addres</u> s
I) Change Add	<u>P/D</u>	Walter Hinds	
X Remove			
2) Change × Add	<u>P/D</u>	Devin Gladstone	21362 Sonesia Way Boca Raton, FL 33433
	<u>V/D</u>	Andrew Kraus	
4)Change Add	V/D	Fern Gladstone	21362 Sonesta Way Boca Ruton, FL 33433
Remove			
5) Change Add	T/S.D	Kelley Hinds	
× Remove			
6) Change Add	T/S/D	Erivn Joy Gjadstone	21362 Sonesta Way Bocu Raton, FL 33433
: Remove			
E. If amending or ac (uttach additional s		Articles, enter change(s) here: (Be specific)	
	 		

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The date of each amendment(s) ado dute this document was signed.	ption: March 23, 2020	·	, if other than the
Effective date if applicable:		ler amendment file date)	
	(no more than 90 days aj	ler amendment file date)	
Note: If the date inserted in this block document's effective date on the Depr	k does not meet the applicable artment of State's records.	statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		

The amendment(s) was/were adopted by the members and the number of votes east 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.

March 24, 2020 Dated 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) Devin Gladstone (Typed or printed name of person signing) President (Title of person signing)