

NOV 6 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV -5 PM 2:32

C. Lewis  
11-3-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2014

JOHN KARL SCHWARTZ JR / LAW OFFICE OF JOHN KARL SCHWART  
318 N. JOHN YOUNG PKWY SUITE 6  
KISSIMMEE, FL 34741 US

SUBJECT: BERMUDA OAKS OFFICE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N06336

We have received your document for BERMUDA OAKS OFFICE 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 614A00023483

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BERMUDA OAKS OFFICE CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N06336

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

Please return all correspondence concerning this matter to the following:

John Karl Schwartz, Jr.

Name of Contact Person

Law Office of John Karl Schwartz, Jr.

Firm/ Company

318 N. John Young Parkway, Suite 6

Address

Kissimmee, Florida 34741

City/ State and Zip Code

Lawofficejohnschwartz@gmail.com

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

For further information concerning this matter, please call:

John Schwartz

Name of Contact Person

at ( 407 )

932-2883

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Bermuda Oaks Office Condominium Association, Inc.

14 NOV -5 PM 2:32

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

N06336

(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:**

N/A

*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**)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(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



**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: October 16, 2014  
date this document was signed.

Effective date if applicable: October 16, 2014  
(no more than 90 days after amendment AL date)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

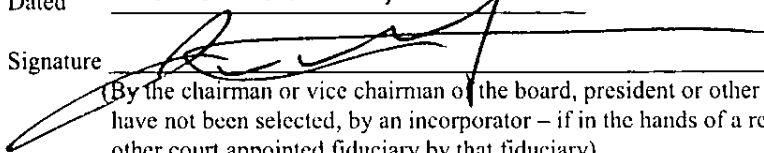
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Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 November 10, 2014

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)

John Karl Schwartz, Jr.

(Typed or printed name of person signing)

Director

(Title of person signing)