## NO6336

(Re	equestor's Name)	
(ree	Adoctor o Harrie)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	<del>\$</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
3	Office Use Only	



300265111283

10/20/14--01032--015 \*\*35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

C.Lew:5



## 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 CORPORA	ATION:	S OFFICE CONDOMINIC	JM ASSOCIATION, INC.	
	**************************************	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
· ·	lohn Karl Sch	wartz, Jr.		
_		Name of Contact Persor	1	—
1	aw Office of J			
<u>L</u>	aw Office of 3		variz, Jr.	
	140 N. John V	Firm/ Company	Cuita C	
318 N. John Young Parkway, Suite 6				
	<i></i>	Address		
ľ	Kissimmee, Flo	orida 34/41		
. :		City/ State and Zip Code		
Lau	rofficejohnsch	wartz@amail /	com	
Lav		sed for future annual report		
	E-man address. (10 00 in	sed for ratare annual report	notification)	
For further information	concerning this matter, pleas	sa call		
ror turner information	toneerning mis matter, pieas	se can.		
John Schwa	rtz	<sub>at (</sub> 407	932-2883 de & Daytime Telephone Nur	
Name of	Contact Person	Area Co	de & Daytime Telephone Nur	nber
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

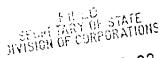
**Mailing Address** 

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



Bermuda Oaks Office Condominium Assocaition, Inthe NOV -5 PH 2: 32

(Name of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation as currently filed with the Florida Date of Corporation Date

(Name of Corporation as currently filed with the F	lorida Dept. of State)
N06336	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
N/A	The new
name must be distinguishable and contain the word "corport "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent: N/A	. 4941033.
New Registered Office Address:	(Florida street address)
N/A	, Florida
(Cir	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am j	
Signature of Ne	w 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	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	John Karl Schwartz, Jr.	318 N. John Young Parkway
X Add			Suite 6
Remove			Kissimmee, FL 34741
2) Change		<del></del>	
Add			- 10 To
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Art	<u>icles, enter change(s) here</u> :
(attach additional sheets, if necessary).	(Be specific)
N/A	
	<u> </u>
	, and the second se

The date of each amendment(	October 16, 2014	SECRETARY OF CURPORATIONS	, if other than the
date this document was signed.  Effective date if applicable:	October 16, 2014  (no more than 90 days after amendm	ent Madaid -5 PH 2: 32	_
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of vo proval.	otes cast for the amendment(s)	
There are no members or a adopted by the board of d	members entitled to vote on the amendment(s). Tirectors.	The amendment(s) was/were	
Signature By the have no	chairman or vice chairman of the board, presider of been selected, by an incorporator – if in the ha court appointed fiduciary by that fiduciary)		_
John k	Karl Schwartz, Jr.		
,	(Typed or printed name of person signing)		
Directo	or		
,)	(Title of person signing)		