## N07000000415

(Requestor's Name)		
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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10/21/13--01017--008 \*\*35.00

SECRETARY OF STATE SECRETARY OF CONFORATIONS

Amund 10.25,13

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Lionsgate Condominium Association, Inc. N07000000475 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eric Leightman (Name of Contact Person) **University Association Management LLC** 2233 NW 41st Street, Suite 700-G (Address) Gainesville, FL 32606 (City/ State and Zip Code) leightman Camail. Com
mail socress: (to be used for future annual report notification) For further information concerning this matter, please call: Eric Leightman (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 323019

## Articles of Amendment to Articles of Incorporation

		of	•
Lionsgate Condominium	<b>Association</b>	, Inc.	
(Name of Corporation as currently	filed with the Flor	rida Dept. of State)	
N07000000475			
(Docu	ment Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporation		s, this <i>Florida Not For Profit Corpor</i>	atlon adopts the following
A. If amending name, enter the new nar	ne of the corporati	on:	
N/A			The ne
ame must be distinguishable and contain		ion" or "incorporated" or the abbre	viation "Corp." or "Inc.
Company" or "Co." may not be used in the name.  Lenter new principal office address, if applicable:		2233 NW 41st Street	
Principal office address MUST BE A ST		Suite 700-G	
		Gainesville, FL 32606	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2233 NW 41st Street	
		Suite 700-G	
		Gainesville, FL 32606	3
D. If amending the registered agent and new registered agent and/or the new			e of the
Name of New Registered Agent:	University Ass	sociation Management LLC	
		1st Street, Suite 700-G	
New Registered Office Address:		(Florida street address)	
TO THE THE THE THE TANK THE	Gainesville	Pl 11	32606
	(City)	, Florida _	(Zip Code)
New Registered Agent's Signature, if ch	anging Registered	Agent:	
hereby accept the appointment as registe	red agent, I am fai	millar with and accept the obligations	of the position.
		Kegistered 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	Y M	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	Name	Address
I) Change	DP	Michael A. Conroy	5119 NW 50th Lane
Add			Gainesville, FL 32653
X Remove			
2) Change	<u>T</u>	Logan Pardell	1500 NW 4th Ave. #209
X Add			Gainesville, FL 32603
Remove	Р	Rita Willcoxon	728 Nicklaus Drive
3) Change X Add			Melbourne, FL 32940
Remove			
4) Change	<u>s</u>	llene Heinke	1500 NW 4th Ave. #216
X Add			Gainesville, FL 32603
Remove			
5) Change			
Remove			
の Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			
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	s date of each amendment(s) adoption:	if other than the
em	(no more than 90 days after amendment file date)	<del></del>
Adı	option of Amendment(s) (CHECK ONE)	
0	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Ø	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 10/11/13	
	Signature Rita D. Willcoxon	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been sciented, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Rita Gail Will coxon (Typed or printed name of person signing)	
	President, Lionsgate Condominium Association, I	inc.