

NO10000008853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

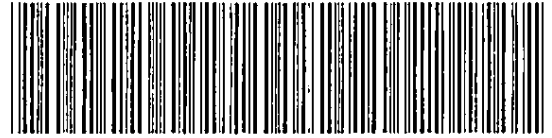
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600347762076

RECEIVED
JUL -8 PM 2:24

2020 JUL -9 PM 1:04

C. GOLDEN
AUG 19 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 343548 8177942
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : July 6, 2020
ORDER TIME : 10:03 AM
ORDER NO. : 343548-005
CUSTOMER NO: 8177942

DOMESTIC AMENDMENT FILING

NAME: BAY AREA PLAZA PROPERTY
OWNERS ASSOCIATION, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAY AREA PLAZA PROPERTY OWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N07000008853

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

Please return all correspondence concerning this matter to the following:

Leslie Fowler
(Name of Contact Person)

Brookwood Hotels
(Firm/ Company)

8621 E 21st Street North, Ste. 230
(Address)

Wichita, KS 67206
(City/ State and Zip Code)

lfowler@brookwoodhotels.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Fowler at 316 633-2226
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESUBMIT

**PLEASE GIVE ORIGINAL
SUBMISSION DATE OF 07/08/20.**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2020

CSC

SUBJECT: BAY AREA PLAZA PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N07000008853

We have received your document for BAY AREA PLAZA PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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
Regulatory Specialist III

Letter Number: 320A00013333



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2020

CORPORATION SERVICE COMPANY

SUBJECT: BAY AREA PLAZA PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N07000008853

We have received your document for BAY AREA PLAZA PROPERTY OWNERS ASSOCIATION, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 320A00015366

Articles of Amendment
to
Articles of Incorporation
of

2000 JUN -3 PM 1:04

BAY AREA PLAZA PROPERTY OWNERS ASSOCIATION, INC.

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

N07000008853

(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:

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)

c/o Brookwood Hotels

1997 Annapolis Exchange Pkwy, Ste. 550

Annapolis, MD 21401

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Brookwood Hotels

1997 Annapolis Exchange Pkwy, Ste. 550

Annapolis, MD 21401

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: Corporation Service Company

1201 Hays Street

(Florida street address)

New Registered Office Address:

Tallahassee

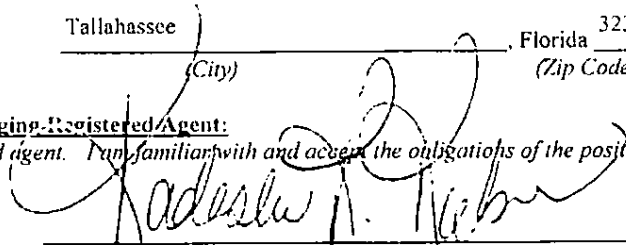
(City)

Florida 32301

(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

KADESHA ROBERSON, ASST.
VICE PRESIDENT

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

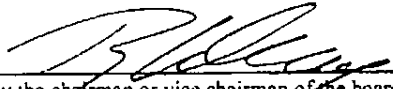
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>DPT</u>	<u>Adam Mikkelson</u>	<u>c/o Liberty Investment Properties</u> <u>824 Highland Ave.</u>
<input checked="" type="checkbox"/> Remove			<u>Orlando, FL 32803</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>DPT</u>	<u>Ryan Willey</u>	<u>1997 Annapolis Exch Pkwy, #550</u> <u>Annapolis, MD 21401</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>DS</u>	<u>Todd Warner</u>	<u>3775 Douglas Place</u> <u>Palm Harbor, FL 34685</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>DS</u>	<u>Michael Shaker</u>	<u>3928 Ambassador Drive</u> <u>Palm Harbor, FL 34685</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

- 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 June 1, 2020

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)

Ryan Willey
(Typed or printed name of person signing)

Director, President and Treasurer
(Title of person signing)