

NO70000012/60

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

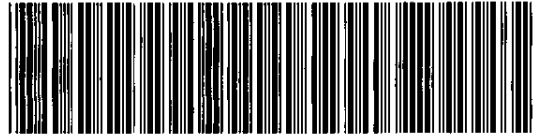
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10 NOV 22 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Village Drive Professional Center Condominium Association, Inc

DOCUMENT NUMBER: N07000012160

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

Please return all correspondence concerning this matter to the following: *

John Haley

(Name of Contact Person)

Village Drive Professional Center Condo Assoc.

(Firm/ Company)

PO Box 410558

(Address)

Melbourne FL 32941

(City/ State and Zip Code)

Haleydevco@aol.com

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

For further information concerning this matter, please call:

John Haley

(Name of Contact Person)

at (321) 632-2999

(Area Code & Daytime Telephone Number)

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

☐ \$35 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 NOV 22 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 29, 2010

JOHN HALEY
VILLAGE DRIVE PROFESSIONAL CENTER COND
P O BOX 410558
MELBOURNE, FL 32941

SUBJECT: VILLAGE DRIVE PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N07000012160

We have received your document for VILLAGE DRIVE PROFESSIONAL
CENTER 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):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section
617.1006, Florida Statutes. Please see the attached information.

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

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 310A00023088

Completed
+
attached

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Village Drive Professional Center Condo Assoc.

DOCUMENT NUMBER: N07 0000 12160

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

Please return all correspondence concerning this matter to the following:

John D Haley
(Name of Contact Person)

VDPC Condo Association
(Firm/ Company)

Po Box 410558
(Address)

Viera, Fl 32955
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

John Haley at (321) 632-2999
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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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

10 NOV 22 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Village Drive Professional Center Condominium Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 70000 12160
(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**)

5125 Village Drive Ste 101
Viera, FL 32955

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

Po Box 410558
Melbourne, FL 32941

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:

John Haley

New Registered Office Address:

5125 Village Drive Viera, FL 32955
(Florida street address)

Viera, Florida 32955
(City) (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

(Attach additional sheets, if necessary)

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

The date of each amendment(s) adoption: 11-18-10
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 11-28-10

Signature X

(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 D Haley
(Typed or printed name of person signing)

President
(Title of person signing)