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C GOLDEN MAY 28 2019

COVER LETTER

TO: Amendment Section

Division of Corporations		•
NAME OF CORPORATION: _	FED CONDO	ominium Association INC.
DOCUMENT NUMBER:	N080000	00442
The enclosed Articles of Amendm	ent and fee are submitted	for filing.
Please return all correspondence c	oncerning this matter to the	e following:
Jeffrey	D. Adam	S
	(Nam	e of Contact Person)
	(1	Firm/ Company)
591 Paradi	se Circle	
		(Address)
Atlantic B	each, FL	32233-6960 State and Zip Code)
	(City/	State and Zip Code)
Jeffadam	S ZZZ @ 9	imailicom dure annual report notification)
		Mire annual report notification)
For further information concerning		
Jeff Adam		at (904) 233 - 4489 (Area Code) (Daytime Telephone Number)
(Nam	e of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	ng amount made payable i	to the Florida Department of State:
\$35 Filing Fee S	(Ad	.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee lified Copy Certificate of Status ditional copy is Certified Copy losed) (Additional Copy is Enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	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

FED				SSOCIATION			
-	(Name	of Corporation	as currei	tly filed with the F	lorida Dept. of State	D ZOTS MAY I	3 PM 3: 31
NO	18000	00442					ASŠEF, FI
		(Docum	ent Numb	per of Corporation (if	f known)	! ; ;	IABSEE, FL
Pursuant to the provi amendment(s) to its			ida Statut	es, this <i>Florida Not</i> i	For Profit Corporati	on adopts the fol	lowing
A. If amending nar	ne, enter the r	iew name of the	corporat	tion:			
NA						Ti	he new
name must be disting "Company" or "Co.	•		- 1	ition" or "incorpora	ted" or the abbrevia	tion "Corp." or	"Inc."
B. Enter new princ (Principal office add				, NA			
C. Enter new mail (Mailing address			10X)	951 Pa Atlant:	radise (c Beach 3-	FL: 2233-0	
new registered	agent and/or t	he new registere	d office		la, enter the name o	f the	
<u>Na</u>	une of New Re	gistered Agent:	95	1 Paradi	se Cire	1e	
Δ	lew <u>Registered</u>	Office Address:	Atla	ntic Ber	(Florida street address) ach, Flo	orida <u>FL.</u> Zip Code)	<u>3</u> zz33
New Registered Ag I hereby accept the a		e, if changing R	egistered	Agent:	ept the obligations of		0760
			NA				
				Signature of New Reg	gistered Agent, if cha	nging	

	= Chief F	inancial Officer. If an off		tee: C = Chairman or Clerk: CEO = Chief n one title, list the first letter of each office
	ives the co	prporation, Sally Smith is		ST and Mike Jones is listed as the V. There is ould be noted as John Doe. PT as a Change.
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name NA		Address
1) Change		'	<u> </u>	
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
2) Change				
Add				
Remove		1		
3) Change		1		
Add				
Remove				
4) Change		 		
Add		1	1	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			Page 2 of 4	

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
NA					
			_		
		-			
			_		
		Page 3 of 4			

 The date of each amendment(s) a	adoption:	<u> </u>	, if other than the
late this document was signed.			
Effective date <u>if applicable</u> :	NA	days after amendment file date)	
	(no more than 90	days after amenament file date)	
Note: If the date inserted in this be locument's effective date on the D		plicable statutory filing requirements, this date will not be rds.	listed as the
Adoption of Amendment(s)	(CHECK ONE		
The amendment(s) was/were was/were sufficient for appro-	adopted by the members a val.	and the number of votes cast for the amendment(s)	
There are no members or mer adopted by the board of direct		he amendment(s). The amendment(s) was/were	
Dated	10/2019		
Signature	irman or vive chalman o	f the board, president or other officer-if directors	
have not b		orator – if in the hands of a receiver, trustee, or	
<u>\</u>	Tefficy 1	r printed name of person signing)	
	∬Typed o	r printed namé of person signing)	
	Presiden		
		(Title of person signing)	