## N0800009172

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ssional Building Condomin	ium Association, Inc.		
DOCUMENT NUM	BER: N08000009172				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	T. Austin Simmons				
		Name of Contact Person	n		
	Firm/ Company				
	3708 West Swann Avenue, S	te. 200			
	Address				
	Tampa, FL 33609				
	City/ State and Zip Code				
	mdepalma@brightworkre.com	າາ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	212	. 874-1700		
	of Contact Person	at ( at (	de & Daytime Telephone Number		
	or the following amount made				
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	tiling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

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## Articles of Amendment to Articles of Incorporation of

3708 Swann Professional Building Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N08000009172 (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: 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. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: T. Austin Simmons Name of New Registered Agent: 3708 West Swann Avenue, Ste. 200 (Florida street address) New Registered Office Address: Tampa Florida (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

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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	PT John Do V Mike Jo SV Sally Sı	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	PSD	Bradford G. Douglas	3708 West Swann Avenue, Ste. 200 Tampa, FL 33609
Remove  2) Change Add	PD	T. Austin Simmons	3708 West Swann Avenue, Ste. 200 Tampa, FL 33609
Remove 3 ) Change Add Remove			
4) Change Add			SECTE AT 30
Remove 5) Change Add			
Remove			E FL
6) Change Add Remove	<del></del>		
		icles, enter change(s) here: (Be specific)	

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
Dated 52323
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
(Typed or printed name of person signing)
PD
(Title of person signing)

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