## N08356

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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C. LEWIS

Aug. 7, 2014

EXAMINER



October 18, 2013

MICHAEL A. DURANT / CONROY, CONROY, DURANT & RUDNICK 2210 VANDERBILT BEACH RD SUITE 1201 NAPLES, FL 34109

SUBJECT: DOCTORS PROFESSIONAL BUILDING CONDOMINIUM

ASSOCIATION, INC. Ref. Number: N08356

We have received your document for DOCTORS PROFESSIONAL BUILDING 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):

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 913A00024429

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Doctors Professi	ional Building Con	dominium Association, Inc.
NAME OF CORPORATION:		
DOCUMENT NUMBER: N08356		
The enclosed Articles of Amendment and fee are submi	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Michael A. Durant		
	Name of Contact Person	) `
Conroy, Conroy, Durant &	& Rudnick,	P.A.
	(Firm/ Company)	
2210 Vanderbilt Beach ro	oad, Suite 1	201
	(Address)	
Naples, FL 34109		
	(City/ State and Zip Code	:)
mdurant@naplesp	propertylaw	.com
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please of	call:	
Michael A. Durant	<sub>at</sub> 239	649-5200  ode & Daytime Telephone Number)
(Name of Contact Person)	(Arca Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	artment 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		Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327		Building
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

## DOCTORS PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION

(Name of Corporation as currently f	iled with the Flo	rida Dept. of State)		
	ent Number of C	orporation (if known)		
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Proj</i>	fit Corporation adopts the	following
A. If amending name, enter the new name	of the corporat	ion:		
name must be distinguishable and contain th "Company" or "Co." may not be used in th		tion" or "incorporated" or	the abbreviation "Corp." o	_The new or "Inc."
B. Enter new principal office address, if applicable:		1865 Veterans I	Park	
(Principal office address MUST BE A STR		Suite 101		•
		Naples, FL 3410	09	•
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				14 JUL 25 PH 4: 17
D. If amending the registered agent and/			r the name of the	- PH F:
new registered agent and/or the new i	<u>registered office</u> Michael A.			7
Name of New Registerea Agent:		bilt Beach Road, Suit	e 1201	
- New Registered Office Address:		(Florida street address)		
	Naples		Florida 34109	
New Registered Agent's Signature, if cha I hereby accept the appointment as register	efageni. I am j	d Agent:	(Zip Code	?)

Page 1 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:

(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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P/S	Peter J. Jaffe	1865 Veterans Park
X ^dd			Suite 101
Remove			Naples, FL 34109
2) Change			
Remove			
3 ) Change			-
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets,	if necessary).	ticles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·	The state of the s
	<u> </u>	

	date of each amendment	• • • • • • • • • • • • • • • • • • • •	SECULTARY OF STATE than the
	this document was signed ective date if applicable:	June 12, 2013  (no more than 90 days after amendment file	14 JUL 25 PM 4: 17
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast oproval.	for the amendment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The ame lirectors.	ndment(s) was/were
	Dated		
	Signature		
	have i	(Typed or printed name of person signing)	
		(The of person signing)	