

N10000009545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

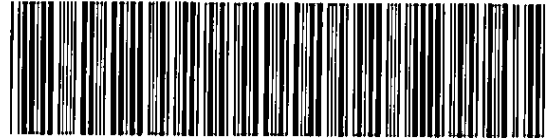
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 SEP 10 PM 4:15

18 SEP 10 AM 10:48

RECEIVED
FALL
NATION
100000

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

ACCOUNT NO. : I20000000195

REFERENCE : 379568 8136031

AUTHORIZATION :

COST LIMIT : \$ 35.00

2018 SEP 10 PM 4:15
RECEIVED
TALLAHASSEE, FL
CORPORATION SERVICE COMPANY

ORDER DATE : September 10, 2018

ORDER TIME : 9:33 AM

ORDER NO. : 379568-005

CUSTOMER NO: 8136031

DOMESTIC AMENDMENT FILING

NAME: ALTA LAKES COMMERCE CENTER
OWNER'S 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: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alta Lakes Commerce Center Owner's Association, Inc.

DOCUMENT NUMBER: N10000009545

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

Please return all correspondence concerning this matter to the following:

Indira Negron

(Name of Contact Person)

DRA Advisors

(Firm/ Company)

220 East 42nd Street, 27th Street

(Address)

New York, New York 10017

(City/ State and Zip Code)

inegron@draadvisors.com

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

For further information concerning this matter, please call:

Indira Negron

212 - 697-474

(Name of Contact Person)

at (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2010 SEP 16 PM 4:12
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Alta Lakes Commerce Center Owner's Association, Inc.

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

NI0000009545

(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 DRA Advisors LLC

220 East 42nd Street, 27th Floor

New York, New York 10017

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o DRA Advisors LLC

220 East 42nd Street, 27th Floor

New York, New York 10017

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.

Corporation Service Company

By:

Emily Croft
Signature of New Registered Agent, if changing

Emily Croft

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 <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Patrick V. Ryan</u>	<u>One Beacon Street, Suite 1700</u> <u>Boston, MA 02108</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>TD</u>	<u>Robert R. Gray</u>	<u>One Beacon Street, Suite 1700</u> <u>Boston, MA 02108</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VSD</u>	<u>Damian Bailey</u>	<u>One Beacon Street, Suite 1700</u> <u>Boston, MA 02108</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Jean Marie Apruzzese</u>	<u>c/o DRA Advisors LLC</u> <u>220 East 42nd Street, 27th Floor</u> <u>New York, New York 10017</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>STD</u>	<u>Jason Borteo</u>	<u>c/o DRA Advisors LLC</u> <u>220 East 42nd Street, 27th Floor</u> <u>New York, New York 10017</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VD</u>	<u>Daniel Goldman</u>	<u>c/o DRA Advisors LLC</u> <u>220 East 42nd Street, 27th Floor</u> <u>New York, New York 10017</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Effective as of January 18, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

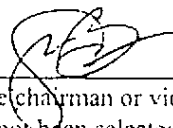
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 5, 2018 _____

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)

Jason Borreo

(Typed or printed name of person signing)

STD

(Title of person signing)