

N11000005425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

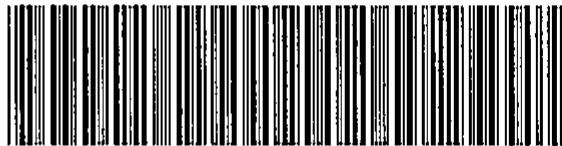
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17 AUG -7 PM 5:15  
FALLS CHURCH, VA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2017

SCOTT P SWOPE, J.D.  
SWOPE LAW, P.L.  
34921 US HIGHWAY 19 N STE 200  
PALM HARBOR, FL 34684

SUBJECT: HIGHLAND OFFICE CENTER PROPERTY OWNERS  
ASSOCIATION, INC.  
Ref. Number: N11000005425

We have received your document for HIGHLAND OFFICE CENTER PROPERTY OWNERS 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 date of adoption of each amendment must be included in the document.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 917A00014739

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HIGHLAND OFFICE CENTER PROPERTY OWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N11000005425

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

Please return all correspondence concerning this matter to the following:

SCOTT SWOPE

(Name of Contact Person)

SWOPE LAW, P. L.

(Firm/ Company)

34921 US HWY 19 N, STE 200

(Address)

PALM HARBOR, FL 34684

(City/ State and Zip Code)

SSWOPE@SWOPELAWPL.COM

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

For further information concerning this matter, please call:

SCOTT SWOPE

(Name of Contact Person)

at 727. 725. 0200

(Area Code) (Daytime Telephone Number)

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

- |                                                                                   |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee<br><b>PREVIOUSLY<br/>PAID</b> | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

RECEIVED  
17 AUG - 7 PM 4:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

HIGHLAND OFFICE CENTER PROPERTY OWNERS ASSOCIATION, INC.

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

N11000005425

(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)

34921 US HIGHWAY 19 N  
PALM HARBOR, FL 34684

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

34921 US HIGHWAY 19 N  
PALM HARBOR, FL 34684

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: SWOPE LAW, P.L.

34921 US HWY 19 N, STE 200 17  
(Florida street address)

New Registered Office Address:

PALM HARBOR, Florida 34684  
(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.

Scott Swope, V.P.  
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:

|                                            |    |             |
|--------------------------------------------|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe    |
| <input checked="" type="checkbox"/> Remove | V  | Mike Jones  |
| <input checked="" type="checkbox"/> Add    | SV | Sally Smith |

| Type of Action<br>(Check One)                                                                                    | Title | Name               | Address                                                       |
|------------------------------------------------------------------------------------------------------------------|-------|--------------------|---------------------------------------------------------------|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | PD    | VICTORIA TARANTINO |                                                               |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | PD    | SCOTT SWOPE        | 34921 US HWY 19 N<br>PALM HARBOR, FL<br>34684                 |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | PV    | WILLIAM LAGAMBA    | 34911 US HWY 19 N<br>PALM HARBOR, FL<br>34684                 |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | D     | FADI MASHNOUK      | 8441 E 32 <sup>nd</sup> ST N, STE 200<br>WICHITA, KS<br>67226 |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | ST    | MARGARET SWOPE     | 34921 US HWY 19 N<br>PALM HARBOR, FL<br>34684                 |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |       |                    |                                                               |



The date of each amendment(s) adoption: 7-8-17, 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 8-4-17

Signature Scott Swope  
(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)

SCOTT SWOPE  
(Typed or printed name of person signing)

PRESIDENT / DIRECTOR  
(Title of person signing)