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JUL 01 2020 S. YOUNG

P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section **Division of Corporations**

Oceanview Sanford Condom	inium Association, Inc.
NAME OF CORPORATION:	
2012124828	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following Barry L. Miller	ng:
(Name of Conta	act Person)
Barry L. Miller, P.A.	
(Firm/ Com	npany)
11 N. Summerlin Ave., Ste 100	
(Addres	55)
Orlando, FL 32801	
(City/ State and	Zip Code)
barry@barrymillerlaw.com	
E-mail address: (to be used for future annua	al report notification)
For firsther information annualizable matter along all	
For further information concerning this matter, please call:	407 501 3067
Casey Scalise	407 581-2967
(Name of Contact Person)	at(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flor	rida Department of State:
	y Certificate of Status
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

(Name of Comments of the Amily Aborthouse	L. D. A. CC. A.)	
Name of Corporation as currently filed with the Florid 2012124828	1a Dept. of State)	
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stanmendment(s) to its Articles of Incorporation:	itutes, this Florida Not For Profit Corpor	ation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbrev	iation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	SS)	
		
		20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 Corporate Drive, Suite	101
<u> </u>	Central Valley, New York	10917
		Ŧ.
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.		e of the
Name of New Registered Agent:	-	
	(Florida street address	<u>.</u>
New Registered Office Address:	(i to the siree than ess	,
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent	
hereby accept the appointment as registered agent. I an		of the position.
	Signature of New Registered Agent, if ch	anging

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	PT John D V Mike J SV Sally S	ones		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change Add	Р	Israel Gross	5 Corporate Drive, Suite Central Valley, New York	101 10917
Remove				
2) X Change Add	<u>TS</u>	Joseph Niederman	5 Corporate Drive, Suite Central Valley, New York	
Remove 3) Change X Add Remove	<u>D</u>	Shiffy Kohn	5 Corporate Drive, Suite Central Valley, New York	101 10917
4) Change Add				
X Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)		
	-			

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<u> </u>				
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	<u>-</u> _			
				
			2020	
The date of each amendme			2020	if other ther
late this document was signed	itt(s) adoption: ed.			, if other than
	May 18, 2020	}		
Effective date <u>if applicable</u>				
	(no mo	re tha	n 90 days after amendment file date)	
Note: If the date inserted in	this block does not n	neet th	e applicable statutory filing requirements, this date	will not be listed as the
locument's effective date on	the Department of S	tate's	records.	will not be listed as tile
	*			
Adoption of Amendment(s	(CHE	CK O	NE)	

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.

6/1/2020

Dated

Signature

By the Charrenta 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)

Israel Gross

(Typed or printed name of person signing)

(Title of person signing)

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President