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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations Sunnyway Condominium Association, Inc. NAME OF CORPORATION: N12000008953 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: M. Timothy Hanlon (Name of Contact Person) 2160 TRADE CENTER WAY, LLC (Firm/ Company) 340 ROYAL POINCIANA WAY STE 321 (Address) PALM BEACH, FL 33480 (City/ State and Zip Code) tim.hanlon@amrl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: M. Timothy Hanlon (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2014

MARC OATES MARC F. OATES, P.A. 5515 BRYSON DRIVE - STE. 502 NAPLES, FL 34109

SUBJECT: SUNNYWAY CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N12000008953

We have received your document for SUNNYWAY 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 date of adoption of each amendment must be included in the document.

The document must have original signatures.

You failed to sign the form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 814A00016174

Articles of Amendment Articles of Incorporation of

Sunnyway Condominium Association, Inc.

| (Name of Corporation as current | | · | | |
|---|----------------------|--|----------------------------------|------|
| N12000008953 | | , | | |
| (Doct | ument Number of Co | prporation (if known) | | |
| Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat | | s, this <i>Florida Not For Prof</i> | it Corporation adopts the follow | wing |
| A. If amending name, enter the new na | me of the corporati | on: | | |
| | | | The i | |
| name must be distinguishable and contain "Company" or "Co." may not be used in | | ion" or "incorporated" or t | he abbreviation "Corp." or "In | ıc." |
| B. Enter new principal office address, i | if applicable: | 3308 45TH STREET W F | PALM BEACH, FL 33407 | |
| (Principal office address MUST BE A ST | | 1 | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3308 45TH STREET W F | PALM BEACH, FL 33407 | |
| (Muuting uuuress <u>MAT DE A FOST C</u> | <u>DFFICE BOX</u>) | ••• | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and new registered agent and/or the new | | | the name of the | |
| • | HANLON, M. T | | | |
| Name of New Registered Agent: | | ··· | | |
| | | OINCIANA WAY STE 32 (Florida street address) | <u> </u> | |
| New Registered Office Address: | | • | | |
| | Palm Beach | , | Florida 33480 | |
| | (City) | | (Zip Code) | _ |
| New Registered Agent's Signature, if ch | | | | |
| I hereby accept the appointment as registe | ered agent. I am fai | mitter with and accept the ob | oligations of the position. | |
| | mal | by alm | | |
| | Signature of New | Registered Agent, if changin | g | |
| | 1 | Place Lof4 | | |

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, President, President,

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 Do V Mike Jo SV Sally S | ones | |
|----------------------------------|---------------------------------------|---------------|------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u>M</u> | Ellen M. Hall | 2670 Horseshoe Dr. N. |
| Add | | | # 203 |
| X Remove | | | Naples FL 34104 |
| 2) Change | PT | Glenn Chami | 3308 45TH STREET |
| X Add | | | W PALM BEACH, FL 33407 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding addition (attach additional sheets, if necessity) | onal Articles, ente | r change(s) her | <u>e</u> : | |
|---|---------------------|---------------------------------------|--------------|-------------------|
| (attach additional sheets, if nece | essary). (Be spec | cific) | | |
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| The date of each amendment | ., | if other than the |
|--|---|-------------------|
| date this document was signed | July 9, 2014 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) proval. | |
| ☐ There are no members or adopted by the board of c | members entitled to vote on the amendment(s). The amendment(s) was/were tirectors. | |
| Dated | 08/05/2014 | |
| Signature | | |
| have n | chairman or view chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | Glen Chami | |
| | (Typed or printed name of person signing) | |
| | President. | |
| | (Title of person signing) | |