

N 140000 11113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

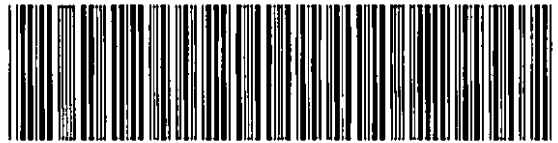
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/18--01002--006 **49.75

Amcl

2018 AUG 28 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

BILL MCFARLAND, P.A.

Attorney at Law

2930 Del Prado Boulevard South, Suite A
Cape Coral, Florida 33904

Phone: (239) 549-5680
Fax #: (239) 549-0932

August 24, 2018

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Articles of Amendment – 1818 Parkway Condominium Association, Inc.

To Whom It May Concern:

Enclosed is an Articles of Amendment form for the above referenced Florida corporation.

Please note that I have enclosed a check in the amount of \$43.75 for the filing fee and a Certificate of Status.

If you have any questions, please do not hesitate to contact our office.

Thank you for your time and attention.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bme', followed by a long horizontal line extending to the right.

Bill McFarland

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 1818 Parkway Condominium Association, Inc.

DOCUMENT NUMBER: N14000011113

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

Please return all correspondence concerning this matter to the following:

Bill McFarland

(Name of Contact Person)

Bill McFarland, P.A.

(Firm/ Company)

2930 Del Prado Boulevard, #A

(Address)

Cape Coral, Florida 33904

(City/ State and Zip Code)

rshaffner@gmail.com

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

For further information concerning this matter, please call:

Bill McFarland

at 239 549-5680

(Name of Contact Person)

(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 checked="" 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

Articles of Amendment
to
Articles of Incorporation
of

FILED

1818 Parkway Condominium Association, Inc.

2018 AUG 28 AM 8:44

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

N14000011113

SECRETARY OF STATE
TALLAHASSEE, FL

(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**)

13650 Fiddlesticks Boulevard

Box 202-387

Fort Myers, Florida 33912

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

13650 Fiddlesticks Boulevard

Box 202-387

Fort Myers, Florida 33912

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:

Richard H. Shaffner

13650 Fiddlesticks Boulevard, Box 202-387

(Florida street address)

New Registered Office Address:

Fort Myers

(City)

Florida 33912

(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.



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	<u>PT</u>	<u>John Doe</u>
<input 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	<u>P/D</u>	<u>Dov Langer</u>	<u>2930 Del Prado Boulevard, #D</u>
<input type="checkbox"/> Add			<u>Cape Coral, Florida 33904</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>D/S/T</u>	<u>Barbara Langer</u>	<u>2930 Del Prado Boulevard, #D</u>
<input type="checkbox"/> Add			<u>Cape Coral, Florida 33904</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>P/S</u>	<u>Jean-Philippe Gosselin</u>	<u>13650 Fiddlesticks Boulevard</u>
<input checked="" type="checkbox"/> Add			<u>Box 202-387</u>
<input type="checkbox"/> Remove			<u>Fort Myers, Florida 33912</u>
4) <input type="checkbox"/> Change	<u>CEO/T</u>	<u>Richard H. Shaffner</u>	<u>13650 Fiddlesticks Boulevard</u>
<input checked="" type="checkbox"/> Add			<u>Box 202-387</u>
<input type="checkbox"/> Remove			<u>Fort Myers, Florida 33912</u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

08-22-2018

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 August 22, 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)

Richard H. Shaffner
(Typed or printed name of person signing)

CEO
(Title of person signing)