W1555a

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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MAIN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BOYNTON BEACH DISTRIBUTION CENTER BUIlding A CONDOMINIUM ASSOCIATION, INC. DOCUMENT NUMBER: NISSSZ
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pand Bloch (Name of Contact Person)
(Name of Contact Person)
Boynton Beach DISt. GR. Bldg A. (Firm/Company)
2900 NW Commerce Park Dr. Sute10
BOYNTON Black, FL 33426 (City/State and Zip Code)
Pandi @ dentulab phoducts. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Randi Bloch at 561, 493-9818
(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:
\$35 Filing Fee \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$52.50 Filing Fee & \$\begin{array}{c} \$52.50 Filing Fee & \$\begin{array}{c} \$certificate of Status & \$\begin{array}{c} \$Certified Copy &
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Boynton Beach DIGHOU	but on Center Bldg A. Cor ently filed with the Florida Dept. of State)	dominium
(Name of Corporation as curr	ently filed with the Florida Dept. of State)	- Associat
NISS	552	1
(Document Num	nber of Corporation (if known)	_ `
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir	Florida Statutes, this <i>Florida Not For Profit Con</i> ncorporation:	rporation adopts
A. If amending name, enter the new name o	f the corporation:	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" o	ontain the word "corporation" or "incorporated or "Co." may not be used in the name.	d" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florida, enter the natered office address:	MALL AND 22
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florid (City) (Zip	la Code)
	(Ciiy) (Zip	Coue)

New Registered Agent's Signature, if changing Registered Agent:

C.

D.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Peter Bekker	2900 NW Commerce PORK DR # 10 Boynton Beach, Fr	Add Remove 342 Add Add Remove
	· ·		Add Remove
	ng or adding additional Articles, enter of itional sheets, if necessary) (Be specificational sheets)		
Adar		as President, &- Secretary	TREUSURER
TIM	Burnett-permove Add as	as Secretary Vice Presiden	
PAND		ie as DIRect	

The date of each amendment(s) a	loption:
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	18/11
Signature	unds
(By the	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, o
	rt appointed fiduciary by that fiduciary)
	Randi Bloch
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

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