N16000 001 963

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



500335846525

10/21/19--61015--062 **35.66

01962721 #HTH: 05

n. w. 7 m: 07 L3

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	IS AT DIXIE WAREHO	USE CONDO	MINIUM	ASSOCIATION INC
DOCUMENT NUMBER:	963			
The enclosed Articles of Amendment and	I fee are submitted for fil	ing.		
Please return all correspondence concerni	ing this matter to the folk	owing:		
MARY PAT HEVENER				
	(Name of C	ontact Person)	1	
COPANS AT DIXIE WAREHOUSE CO	ONDOMINIUM ASSOC	IATION INC		
····	(Firm/	Company)		
6300 NE IST AVENUE SUITE 300				
	(Ac	ldress)		
FORT LAUDERDALE FLORIDA 333	34			
	(City/ State	and Zip Code)	
MPH@ROSCHMAN.COM				
E-mail address	s: (to be used for future a	nnual report n	otification	1)
For further information concerning this m	atter, please call:			
MARY PAT HEVENER		954 at		776-7900 EXT 2221
(Name of Co	ntact Person)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the	Florida Depar	tment of	State:
-	Filing Fee & \$\Bigs\\$\$43.75 F te of Status Certified (Addition enclosed	Copy al copy is	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is ssed)
Mailing Address Amendment Section		Street Address Amendment Section		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

of

COPANS AT DIXIE WAREHOUSE CONDOMINIUM	2019 CT. 21 AH 11: 05			
(Name of Corporation as cu	rrently filed with the Floric			
16000001963		·		
(Document N	Sumber of Corporation (if kno	own)		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following		
A. If amending name, enter the new name of the corp	oration:			
- -		The new		
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name,	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."		
,				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ESS) 6300 NE IST AVENU	E SUITE 300		
	FORT LAUDERDALI	E FLORIDA 33334		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6300 NE IST AVENU	6300 NE IST AVENUE SUITE 300		
	FORT LAUDERDALI	E FLORIDA 33334		
D. If amending the registered agent and/or registered		nter the name of the		
new registered agent and/or the new registered of				
Name of New Registered Agent:	/A			
	(Flor	ida street address)		
New Registered Office Address:				
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered agent. I a	ım familiar with and accept th	ne 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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke <u>Jones</u> ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
) Change	P	JODI ALLGOOD	P.O. BOX 1128
Add			CABOT AZ 72023
X Remove			
2) Change	VP	STEPHEN TIPTON	P.O. BOX 1128
Add			CABOT AZ 72023
X Remove			
3) Change	<u>s</u>	KEVIN HESTER	P.O. BOX 1128
Add			CABOT ZA 72023
X Remove			
4) Change	P;T;D	BRIAN SMITH	6300 NE 1ST AVE. SUITE 300
XAdd			FORT LAUDERDALE FL 33334
Remove			
5) Change	VP;D	MICHAEL LINKER	6300 NE 1ST AVE. SUITE 300
X Add			FORT LAUDERDALE FL 33334
Remove			
6) Change	S;D	ANTHONY GIUDICE	6300 NE IST AVE. SUITE 300
X Add			FORT LAUDERDALE FL 33334
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)				
				_	
 -					
			<u>. </u>		
		=-			
			_		
				•	
	·				•

	10/03/2019	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	10/03/2019	
Effective date in applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
OCT(Dated	ORER 3, 2019	
Signature		
have i	chairman or vice 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)	
В	RIAN SMITH	
_	(Typed or printed name of person signing)	
PR	RESIDENT	
_	(Title of person signing)	