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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:		NDOMINION ASSOCIATION, INC.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	itted for filing.	i
Please return all correspondence concerning this matter	to the following:	1
J. BRETT HOUSTON		
(	Name of Contact Perso	on)
	(Firm/ Company)	<del>-</del>
2051 N.W. 112TH AVENUE, SUITE 111		
	(Address)	<del></del>
MIAMI, FL 33172		
(	City/ State and Zip Cod	de)
jbrett@remsgroupinc.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please of	rall:	
J. BRETT HOUSTON	l at	3057173535
(Name of Contact Person)	at (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	partment of State:
Ø \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status		□\$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	Amen Division The C 2415	t Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

## Articles of Amendment to Articles of Incorporation . of

DOLPHIN PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

DOLPHIN PROFESSIONAL OF	
(Name of Corporation as currently filed with the Florida I	Dept. of State)
N17000	0004682
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
	The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)
	7.21 (i.0): 30 PH 2:
C. C. Ann. C.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55
	P)
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	l
	(Florida street address)
New Registered Office Address:	11 Derug Street underessi
	(Ciţ) (Zip Coae)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	
Si	gnature 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	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	!	<u>Addres</u> s
L) Change Add	DV	Alan Villalobos		051 NW 112th Ave Suite 111 Miami, FL 33172
× Remove				
2) Change Add	DV	Revna Villalobos		051 NW 112th Ave Suite 111 Miami, FL 33172
Remove 3 )			' -  -	
4) Change Add				
Remove			; i -	
5) Change Add				
Remove			-	
6) Change Add				
Remove			_	
E. <u>If amending or adding</u> (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	i	
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.	1	
Effective date if applicable:	vys after amendment file date)	
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's record.		ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	J	
The amendment(s) was/were adopted by the members and was/were sufficient for approval.	d the number of votes cast for the amendment(s)	

X	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 11-23-202)
	Signature / Bull IVante
	(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)
	3 Brett Houston
	(Typed or printed name of person signing)
	DP 1
	(Title of person signing)

,