## N32411

(Requestor's Name)
(Address)
(1801303)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operations to himing officer.
ł
261H 700 49





900329378409

05/24/19--01007--012 \*\*85.00

SECRETARY OF STATE
THY IS TON OF CORPORATION
19 JUL -1 PM 2: 58

brund

JUL 03 2019

D CUSHING

## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: I'M PERIOL ROYALE AT BOCA POINTE ASSOCIAL N32411 DOCUMENT NUMBER: \_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ATRICK BLACK WOOD.

(Name of Contact Person) Manabenent (Firm/Company) 2950 TO6ROAD (Address) Greenacres FLONDA

(City/State and Zin Code) Parack @ cmcmanagement, b12
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICK Blackwood at 567 641-1016

(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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, Fl. 32301



JUN 2 1 2019
BY:

June 13, 2019

PATRICK BLACKWOOD CENTURY MANAGEMENT CONSULTANTS 2950 JOG ROAD GREENACRES, FL 33467

SUBJECT: IMPERIAL ROYALE AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N32411

We have received your document for IMPERIAL ROYALE AT BOCA POINTE 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Diant Cushing
Senior Section Administrator

Letter Number: 619A00011825

## Articles of Amendment

Arti	cles of Amendment		
Artic	to cles of Incorporation		
	of		
Imperial ROYALE AT &			ASSOC,
(Name of Corporation as curr		la Dept. of State)	
$\sim$ $\sim$ $\sim$	32411		
(Document Nu	mber of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For	Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of the corpor	ration:		
		T	he new
name must be distinguishable and contain the word "corpo	oration" or "incorporated"		
"Company" or "Co." may not be used in the name.		1	
B. Enter new principal office address, if applicable:		_ 1 / /	
(Principal office address MUST BE A STREET ADDRES	55)	NH	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
D. If amending the registered agent and/or registered of	office address in Florida, e	nter the name of the	
new registered agent and/or the new registered office			
Name of New Registered Agent:	- NA		<u> </u>
	171		<u> </u>
New Registered Office Address:	(Flor	ida street address)	
<u>,</u>			- 787
	(Citv)	, Florida (Zip Code)	<u> </u>
	(Cny)	(Zif) Code)	TE POR
New Registered Agent's Signature, if changing Register	ed Agent:		5 33
I hereby accept the appointment as registered agent. I am	familiar with and accept to	he obligations of the position.	SKO E
<del></del>	Signature of New Register	red Agent, if changing	<del></del>

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 John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u> _	Robert Ross	2950 TOG ROAD
Add Remove			GreenAcres, FL 33467
2) Change	<u>b</u>	STEPhen Kin6	
Add Remove			Breenacres FL
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

If amending or adding attach additional sheets,	additional Artic	les, enter ch: (Be specific)	inge(s) here:				
,,	<b>y</b> ,,,	(===,==,,=,					
			•			1-11	
***							
		<del></del>	<u> </u>				
······································	·	<del></del>		<u>-</u>	<del></del>	<u> </u>	
					<u> </u>	<del></del>	
						<u>-</u>	
	<del>.</del>					· · · · · ·	
			•				
<u> </u>	<u> </u>		. <u>-</u>				
·		- <u>-</u>					
<del></del>		<del></del>		_			
				-			
				<del></del>			
		<del>-</del>	<del> </del>				

The date of each amendment(s) adoption:  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	an the
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	
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	
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	he
was/were sufficient for approval.  There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were	
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)  (Typed or printed name of person signing)	