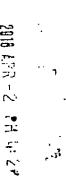
N35574

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Special Instructions to Fil	ing Oπicer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Flagler Center Condominium Association	ior
DOCUMENT NUMBER: N35574	بر
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Toe Mather	
(Name of Contact Person)	
(Firm/ Company)	
3229 Flagler Aug #202	
Key West, Fl 33040 (City/ State and Zip Code)	
beachside joe a bellsouth net	
For further information concerning this matter, please call:	
Toe Mather at 305-797-0729 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	7
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) See letter attached S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	
Division of Comparties	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation	
Teld of of the living Acc	
FIRGLER CENTER CONDOMINIUM 150	ندا) —
(Name of Corporation as currently filed with the Florida Dept. of State)	
N35574	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follow amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	(;)
The m	~ ⊕ ,~1,
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)	_
	_
•	
C. Fatar and mailing address if applicable.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_
- -	_
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:	_
(Florida street address)	_
New Registered Office Address:	
Florida	
(City) (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	_

Page left blank intentionally. No changes.

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.

Type of Action (Check One)	Title		
		<u>Name</u>	Address
Change Add Remove	I	Timothy Tomita	3229 Flagler Ave #F172 Vey West F1 33040
2) Change	I	Steve Bringle	3229 Flagler Ave # 104 Key West Fl 33046
Remove 3) Change Add Remove			
4) Change Add Rëmove			
5) Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
NIA
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••

	each amendment(s) adoption	on: 020	7/2018		, if other than the
	te <u>if applicable</u> :	17071°	2018		
		(no more than 90 da	ys after amendment file da	ite)	
	date inserted in this block do ffective date on the Departn			ements, this date will not	be listed as the
Adoption of	Amendment(s)	(CHECK ONE)			
	endment(s) was/were adopte e sufficient for approval.	d by the members and	the number of votes cast f	or the amendment(s)	
	re no members or members e by the board of directors.	entitled to vote on the a	amendment(s). The amenc	lment(s) was/were	
	Dated 3/28/	18			
	Signature A Dep	4 Mathe			
	have not been se		e board, president or other ator – if in the hands of a re fiduciary)		_
		Joseph (Typed or pi	rinted name of person sign	ing)	
		Secr	Citile of person signing)		