## N95000002818

(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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(Bu	siness Entity Nam	ne)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ZA ASSOCIATION, II	NC. 	
DOCUMENT NUMBER: N9500002818			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Charles Nix			
<u> </u>	(Name of Contact Pe	erson)	
Nishad Khan, PL			
	(Firm/ Company	')	
617 E. Colonial Drive			
	(Address)		
Orlando, FL 32803			
	(City/ State and Zip (	Code)	·
charles@nishadkhanlaw.com			
E-mail address: (to be use	d for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
Nishad Khan	at	407	228-9711
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif S Certif (Addi	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing Address		eet Address	·
Amendment Section Division of Corporations		endment Sect vision of Corpe	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

WESTPORT PLAZA ASSOCIATION, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State)

N95000002818

(Document Number of Corporation (if known)

AND MEST AND TO STATE OF THE ST Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following

		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	•	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ıble:	2820 W. Port St. Lucie Blvd.
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	Port St. Lucie, FL 34953
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )	2820 W. Port St. Lucie Blvd.
		Port St. Lucie, FL 34953
D. If amending the registered agent and/or registered registered agent and/or the new registered agent:  Name of New Registered Agent:	Nishad Ki	nan, PL
new registered agent and/or the new register	Nishad Ki	ddr <u>ess:</u>
new registered agent and/or the new register	Nishad Kl 617 E. Co	ddress: nan, PL  lonial Drive  (Florida street address)
<u>new registered agent and/or the new register</u> <u>Name of New Registered Agent:</u>	Nishad Ki 617 E. Co	ddress: nan, PL lonial Drive

Page 1 of 4

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> te <u>Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PVPD	Slater, Timothy S	319 Monroe Drive
Ađd			West Palm Beach, FL 33405
X Remove			
2) Change	STD	Slater, Susan E	319 Monroe Drive
Add			West Palm Beach, FL 33405
X Remove			
3 ) Change	PVTSD	Luis Merejo	2820 W. Port St. Lucie Blvd.
X Add			Port St. Lucie, FL 34953
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Hach additional s	neets, if necessary).	(Be specific)				
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		August 2, 2018	
The	date of each amendmen		, if other than the
date	this document was signed	<b>1</b> .	
		August 2, 2018	
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	t be listed as the
Add	option of Amendment(s)	(CHECK ONE)	
•	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Aug	ust 2, 2018	
	Signature <	<i>y</i> -	
		e chairman or vice chairman of the board, president or other officer-if directors	<del></del>
		not been selected, by an incorporator — if in the hands of a receiver, trustee, or	
		court appointed fiduciary by that fiduciary)	
	Ĺ	ais Merejo	
		(Typed or printed name of person signing)	
	Pr	resident	
	<del></del>	(Title of person signing)	