N98000004352

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	onal Centre Condominiu	m Associatio	on, Inc.		
DOCUMENT NUMBER: N98000004352					
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
Clifford B.Ain					
	(Name of Contact Pers	on)			
Clifford B. Ain Associates P.A.					
-	(Firm/ Company)				
20764 West Dixie Highway					
	(Address)			- · · · ·	
Aventura , FL 33180					
	(City/ State and Zip Co	ode)			
cbain@hcoadvisors.com					~>
E-mail address: (to be used	d for future annual repo	t notification	1)		1122
For further information concerning this matter, please	e call:			31 55	JU:1
Clifford B. Ain	3 at	05	444-8800		$\overline{\omega}$
(Name of Contact Person	<u>u</u> (2	Area Code)	(Daytime Telep	hone Numb	
Enclosed is a check for the following amount made p	ayable to the Florida De	partment of	State:		2: 1:0
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	Filing Fee icate of Status ied Copy tional Copy is sed)		S)
Mailing Address Amendment Section Division of Corporations	Ame	t Address adment Section of Corpo			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

River Parc Professional Centre Condominium Ass	ociation, In	c.			
(Name of Corporation as currently filed with th	e Florida D	ept. of State)			
N98000004352					
(Docur	nent Numbe	r of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute:	s, this <i>Florida N</i>	ot For Profit Corporati	on adopts the	following
A. If amending name, enter the new name of th	e corporati	on:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorpe	orated" or the abbreviat	ion "Corp." o	_The new or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)			() 	2023
				-17-7-2	JUH 13 FH 5: 46
D. If amending the registered agent and/or reginew registered agent and/or the new register			orida, enter the name o	f the	FH 5
Name of New Registered Agent:	Clifford B.	. Ain			<u> </u> 6
	20764 West Dixie Highway				
New Registered Office Address:	(Florida street address)				
	Aventura,	(City)	, Flo	orida <u>33180 </u>	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		Agent:		,	
-	Siv	Hard B.	Q · Registered Agent, if chan	ging	

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add		-		
Remove				
2) Change Add		-		
Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
			<u> </u>	
				

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The date of each amendment(s) adoption	:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 06-06-2022		
	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

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

☐ There are no members or members entitled to vot adopted by the board of directors.	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 06/07/10	i V					
Signature Ceffor B.	Qiu					
	nan of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or y by that fiduciary)					
Clifford B.Ain						
(Typed or printed name of person signing)						
Treasurer						
	(Title of person signing)					