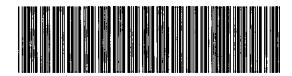
## N99000004606

| (Re                     | equestor's Name)   | <del></del> |
|-------------------------|--------------------|-------------|
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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SECULTARY OF STATE

JUN 2 0 2016 C. CARROTHERS

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: WESTMONTE   | OFFICE  | PARK                                   | CONDOMINIU  | ASSOCIATION          | _INC.           |
|--|---|--|---|----------------------|-----------------|
| DOCUMENT NUMBER: N99000004606  |   |  |   |                      |                 |
| The enclosed Articles of Amendment and fee are subm  | itted for filing  | <b>3</b> .                             |   |                      |                 |
| Please return all correspondence concerning this matter  | to the follow   | ing:                                   |   |                      |                 |
| KARL P. WILLARD  |   |  |   |                      | <del></del>     |
| (  | Name of Con   | tact Perso                             | on)   |                      |                 |
| c/o FIRST FINANCIAL COUNS  | SELORS ,<br>(Firm/ Co   |  |   |                      | · <del></del> - |
| •  | (111111)  | прапу                                  |   |                      |                 |
| 230 N. WESTMONTE DRIVE, S  | SUITE 22<br>(Addr   |  |   |                      | <del></del>     |
| ALTAMONTE SPRINGS, FL 327  |   | <u> </u>                               |   |                      | <del></del>     |
| (  | City/ State an  | d Zip Coo                              | de)   |                      |                 |
| karlw@ffcinc.com   |   |  |   |                      |                 |
| E-mail address: (to be used f  | or future anni  | ual report                             | notification)   |                      |                 |
| For further information concerning this matter, please ca                                      | all:  |  |   |                      |                 |
| KARL P WILLARD   |   | at                                     | 407-740-077   |                      | _               |
| (Name of Contact Person)   |   | (A                                     | rea Code) (Daytin   | ne Telephone Number) |                 |
| Enclosed is a check for the following amount made pays   | able to the Flo   | orida Dep                              | artment of State:   |                      |                 |
| \$35 Filing Fee \$\Bigcup \text{\$43.75 Filing Fee & Certificate of Status}\$                  | 3\$43.75 Filin<br>Certified Co<br>(Additional of<br>enclosed) | ру                                     | □\$52.50 Filing F<br>Certificate of S<br>Certified Copy<br>(Additional Cope<br>Enclosed)  | ratus                |                 |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Ameno<br>Division<br>Cliftor<br>2661 I | Address dment Section on of Corporations n Building Executive Center Circ assee, FL 32301 | sle                  |                 |

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## Articles of Amendment to Articles of Incorporation of

## WESTMONTE OFFICE PARK CONDOMINIUM ASSOCIATIONS, INC.

| (Name of Corporation as currently filed with the Florida Dept. of State)   |              |
|--|--------------|
| N9900004606  |              |
| (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 following amendment(s) to its Articles of Incorporation: |              |
| A. If amending name, enter the new name of the corporation:  |              |
| The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  | ento<br>ento |
| "Company" or "Co." may not be used in the name.  | ال           |
| B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | <u>2</u>     |
| Frincipul Office undress most be A street Abbress  | <u>_</u> 0   |
|  | 2            |
| C. Enter new mailing address, if applicable:   | 00           |
| (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:  |              |
| 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   |              |

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 Mi</u>  | nn Doe<br>ke Jones<br>lly Smith |                             |
|----------------------------------|--------------|---------------------------------|-----------------------------|
| Type of Action<br>(Check One)    | <u>Title</u> | Name                            | <u>Addres</u> s             |
| 1) X Change                      | PTD          | KARL P. WILLARD                 | 230 N WESTMONTE DR, #2200   |
| Add                              |              |                                 | ALTAMONTE SPRINGS, FL 32714 |
| 2) X Change                      | VSD          | DEBORAH, TURNER                 | 230 N WESTMONTE DR, #2100   |
| Add Remove                       |              |                                 | ALTAMONTE SPRINGS, FL 32714 |
| 3) Change                        | <u>D</u>     | BARRY A. ROBERTS                | 230 N WESTMONTE DR, #1000   |
| _X Add<br>Remove                 |              |                                 | ALTAMONTE SPRINGS, FL 32714 |
| 4) Change Add                    | <del></del>  |                                 |                             |
| Remove                           |              |                                 |                             |
| 5) Change                        | <del>.</del> |                                 |                             |
| Add                              |              |                                 |                             |
| 6) Change                        |              |                                 |                             |
| Add                              |              |                                 |                             |
| Remove                           |              |                                 |                             |

|           | nding or adding additional Articles, enter change(s) here:  |              |
|-----------|---|--------------|
| (attach d | adding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific) |              |
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|                                       | e date of each amendment<br>this document was signed.         | ` '         | on: _       |  | , if other than the |
|---------------------------------------|---|-------------|-------------|--|---------------------|
| Effective date <u>if applicable</u> : |   | June        | 7,          | 2016   |                     |
|                                       | <u></u>   |             | (no         | more than 90 days after amendment file date)   |                     |
|                                       | e: If the date inserted in thus ument's effective date on the |             |             | ot meet the applicable statutory filing requirements, this date will not f State's records.  | be listed as the    |
| Ado                                   | option of Amendment(s)  |             | ( <u>C</u>  | HECK ONE)  |                     |
| ΚX                                    | The amendment(s) was/we was/were sufficient for ap            |             | i by ı      | the members and the number of votes cast for the amendment(s)  |                     |
|                                       | There are no members or adopted by the board of d             |             | ntitle      | d to vote on the amendment(s). The amendment(s) was/were   |                     |
|                                       | Dated Jun   | e 7/, 2     | 201         | 6  |                     |
|                                       | Signature   | <u>/</u>    | <del></del> |  | <del></del>         |
|                                       | have n  | ot been sel | ected       | te chairman of the board, president or other officer-if directors by an incorporator — if in the hands of a receiver, trustee, or fiduciary by that fiduciary) |                     |
|                                       | K   | ARL P       | . W         | ILLARD   |                     |
|                                       |   |             |             | (Typed or printed name of person signing)  |                     |
|                                       | P   | reside      | ent         |  |                     |
|                                       |   |             |             | (Title of person signing)  |                     |