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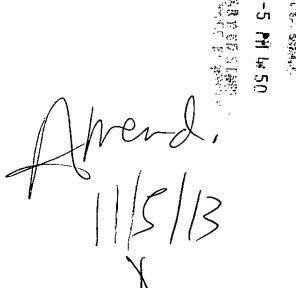
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2013

WAYSIDE HOUSE 378 NE 6TH AVE. DELRAY BEACH, FL 33483-5517

SUBJECT: WAYSIDE HOUSE, INC.

Ref. Number: 732111



We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Darlene Connell Regulatory Specialist II

Letter Number: 813A00023695

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Wayside Howe INC. |
|--|
| DOCUMENT NUMBER: 032111 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| |
| DIANA GUEVARA |
| (Name of Contact Person) |
| wayside House Inc. (Firm/Company) |
| (Firm/ Company) |
| 318 NE 6th Ave Delray beach |
| (Address) |
| FL 33483 |
| (City/ State and Zip Code) |
| |
| E-mail address: (to be used for future annual report notification) |
| is indicatories. (to be used for facility distinction) |
| For further information concerning this matter, please call: |
| DIANA CUENARA at (561) 666 - 9163 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| (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 |
| Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy |
| enclosed) (Additional Copy is Enclosed) |
| Mailing Address Street Address |
| Amendment Section Amendment Section |
| Division of Corporations Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

732111 (Document Number of Corporation (if known)

| | | | The ne |
|--|-------------------|--|--------------|
| name must be distinguisnable and cont <u>"Company" or "Co." may not be used</u> | | orporated" or the abbreviation "Corp.' | or "inc. |
| B. Enter new principal office addres (Principal office address MUST BE A | | | - |
| C. Enter new mailing address, if ap (Mailing address MAY BE A POS | | 24. | 1 3 H |
| (Manny and ess <u>Mari De Arroo</u> | | 10-3 10-3 1-45-3 1-5-3 1-7-1 | NOV -5 PH |
| D. If amending the registered agent new registered agent and/or the r | | Florida, enter the name of the | E 50 |
| Name of New Registered Ager | <u>.</u> | · · · · · · · · · · · · · · · · · · · | • |
| New Registered Office Addre | (Florida street d | address) | |
| | | 121 sei de | |
| | (City) | , Florida | |

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>Mike</u> | Doe e Jones / Smith | |
|----------------------------------|----------------------|---------------------------|---|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| | <u>.D</u> | Jill W. Reace | 398 NE 6th Are Delray Beach FL 33483. |
| 2) Change Add Remove | _9_ | Cothy Cohn | Delray Beach FL 33483 |
| 3) Change Add Remove | | | |
| . 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | · | |

| <mark>If amending or adding additional A</mark> attach additional sheets, if necessary, |). (Be specific) | | |
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| The date of each amendment(s) ad date this document was signed. | option: | 9/1/13 | | , if other than the |
|--|--------------------------|----------------------------|--|---------------------|
| Effective date <u>if applicable</u> : | <u> </u> | | | |
| | (no more than ! | 90 days after amendm | ent file date) | |
| Adoption of Amendment(s) | (CHECK ON | <u>E</u>) | | |
| The amendment(s) was/were ad/was/were sufficient for approva | | s and the number of ve | otes east for the amendment(s) | |
| There are no members or members adopted by the board of director | | n the amendment(s). T | The amendment(s) was/were | |
| Dated Nova | MOER 1,20 K. Coyle Jr | 0/3 | | |
| Signature | . Coyle or | • | | |
| have not bed | | orporator – if in the ha | nt or other officer-if directors nds of a receiver, trustee, or | |
| N | V. COYLE, JA | <u>`</u> | | |
| | (Typed or printed nan | me of person signing) | | |
| | DIRECTOR | TREASURE erson signing) | R_ | |
| | (Title of pe | erson signing) | | |