

G97234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/27/08--01010--015 **35.00

FILED

OCT 27 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

OCT 29 2008

EXAMINER

**BODZIN & BODZIN
ATTORNEYS AT LAW**

18205 BISCAYNE BOULEVARD, SUITE 2201
AVENTURA, FLORIDA 33160

Other Offices In:

Telephone: (305) 931-5000
Facsimile: (305) 932-7838

Miramar, FL (954) 499-8757

M E M O R A N D U M

Date: OCTOBER 23, 2008

To: AMENDMENT SECTION, DIVISION OF CORPORATIONS

From: MARTIN I. BODZIN, ESQ.

Re: WINSTON TOWERS REALTY, INC.

Message: ENCLOSED PLEASE FIND MY PERSONAL CHECK NO. _____, MADE PAYABLE TO YOUR DEPARTMENT'S ORDER, IN THE SUM OF \$35.00, TOGETHER WITH COMPLETED AND SIGNED ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF WINSTON TOWERS REALTY, INC.

SHOULD YOU REQUIRE ANYTHING FURTHER TO PROCESS THIS AMENDMENT, PLEASE FEEL FREE TO CONTACT ME.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WINSTON TOWERS REALTY, INC. +

DOCUMENT NUMBER: G97234 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD KLASSMAN

(Name of Contact Person)

WINSTON TOWERS REALTY, INC.

(Firm/ Company)

17395 NORTH BAY ROAD #200

(Address)

SUNNY ISLES BEACH, FLORIDA 33160

(City/ State and Zip Code)

For further information concerning this matter, please call:

MARTIN I. BODZIN

(Name of Contact Person)

at (305) 931-5000

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

**Articles of Amendment
to
Articles of Incorporation
of**

WINSTON TOWERS REALTY, INC.

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

G97234

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

N/A

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

N/A

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:

RICHARD KLASSMAN

New Registered Office Address:

17395 NORTH BAY ROAD #200

(Florida street address)

SUNNY ISLES BEACH

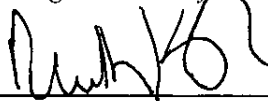
(City)

Florida 33160

(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

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08 OCT 27 PM 11 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DPT	BETTE KLASSMAN	17395 NO. BAY RD #200 SUNNY ISLES BCH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DP	RICHARD KLASSMAN	17395 NO. BAY RD #200 SUNNY ISLES BCH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: SEPTEMBER 3, 2008

Effective date if applicable: SEPTEMBER 3, 2008

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

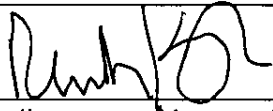
by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated OCTOBER 23, 2008

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RICHARD KLASSMAN

(Typed or printed name of person signing)

DIRECTOR/PRESIDENT

(Title of person signing)