

K136078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

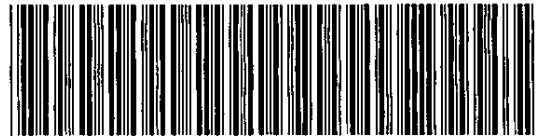
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900260861589

06/18/14--01003--019 **35.00

10:14 AM JUN 18
SUFFOLK COUNTY CLERK

2014 JUN 18 PM 2:13

RECEIVED
SUFFOLK COUNTY CLERK

14 JUN 19 PM 2:13

FILED
SUFFOLK COUNTY CLERK

Amend
@ 6.19.14

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

6-18-14

☐ **CERTIFIED COPY**

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Inc Amend

1. Equip' Hotel, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

Articles of Amendment
to
Articles of Incorporation
of

EQUIP'HOTEL, INC.

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

K13678

(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)

10914 N.W. 33 STREET

SUITE 112

DORAL, FLORIDA 33172

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

10914 N.W. 33 STREET

SUITE 112

DORAL, FLORIDA 33172

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

ROZENCWAIG & NADEL, LLP

301 W. HALLANDALE BEACH BOULEVARD

(Florida street address)

New Registered Office Address:

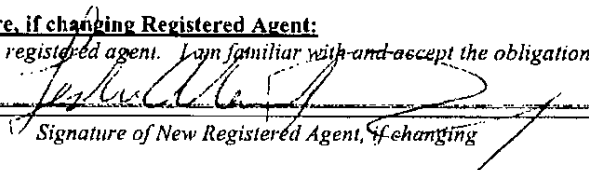
HALLANDALE BEACH, Florida 33009

(City)

(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

(Attach additional sheets, if necessary)

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.

X Change	PT	John Doe
----------	----	----------

X Remove	V	Mike Jones
----------	---	------------

X Add	SV	Sally Smith
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Title

Name _____

Address

1) ☐ Change

VSD

FRANCOIS POUCKET

17031 S.W. 49 STREET

☐ Add

FT. LAUD., FL 33331

☒ Remove

2) ☐ Change

PTD

NATALIE M. POUCKET

17031 S.W. 49 STREET

☐ Add

FT. LAUD., FL 33331

☒ Remove

3) Change

VSD

FLORENCE NESTY

10914 NW 33 STREET

☒ Add

STE 112

☐ Remove

DORAL, FL 33172

4) ☐ Change

PTD

MAXIME MARTINI

10914 NW 33 STREET

☒ Add

STE 112

☐ Remove

DORAL, FL 33172

5) ☐ Change

Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 June 17, 2014

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)

FRANCOIS POU CET

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)