

P05000069211

(Requestor's Name)

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(Address)

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(Business Entity Name)

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N.C.  
C.COULLETTE

MAY 20 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IO Brickell, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P05000069211

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert K. Ramsden  
Name of Contact Person

IO Brickell, Inc.  
Firm/Company

701 Brickell Avenue, Suite 1550  
Address

Miami, Florida 33131  
City/State and Zip Code

bramsden@iosouthflorida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert K. Ramsden at ( 305 ) 728-5200  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2010

ROBERT K. RAMSDEN  
IO BRICKELL, INC.  
701 BRICKELL AVE., STE 1550  
MIAMI, FL 33131

SUBJECT: IO BRICKELL, INC.  
Ref. Number: P05000069211

We have received your document for IO BRICKELL, INC. 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):

You are filed here as a Florida profit corporation, not a foreign entity. You submitted the wrong form and I have enclosed the proper form to amend your corporation.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 410A00011978

701 Brickell Avenue  
Suite 1550  
Miami, FL 33131

May 19, 2010

Ms. Cheryl Coullitte  
State of Florida  
Division of Corporations  
Amendment Section

RECEIVED  
2010 MAY 20 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Ms. Coullitte:

Please find attached replacement forms for Articles of Amendment for name changes for the following corporations:

IO Brickell, Inc. Document # P05000069211  
TIO Coral Gables, Inc. Document # P00000061777  
TIO Sunrise, Inc. Document # P96000008113

The original name change requests were submitted on the incorrect forms. If possible, please process these request ASAP as we are required to complete this name change before the end of the month.

Please call me if you have any questions or need additional information. I can be reached at 305-778-7997.

Best regards,



Robert K Ramsden

Articles of Amendment  
to  
Articles of Incorporation  
of

IO Brickell, Inc.

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

P05000069211

(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:**

OE Miami, Inc.

*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)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

*(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:*

\_\_\_\_\_

*New Registered Office Address:*

\_\_\_\_\_ *(Florida street address)*

\_\_\_\_\_, Florida

*(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*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 20 PM 1:26

**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>                                           |
|--------------|-------------|----------------|-----------------------------------------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

*(attach additional sheets, if necessary). (Be specific)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The date of each amendment(s) adoption: April 19, 2010  
(date of adoption is required)

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 May 18, 2010

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)

Robert K. Ramsden  
(Typed or printed name of person signing)

President  
(Title of person signing)