

# P13000101567

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

9019497

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JAN 13 AM 10:59

APPROVED  
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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BEIGEWOOD INVESTMENT INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

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14 JAN 13 PM 4:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

C. Lewis  
1-14-14

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**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION: BEIGEWOOD INVESTMENT INC.**

**DOCUMENT NUMBER: P13000101567**

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

Please return all correspondence concerning this matter to the following:

**Daniel Steigert**

Name of Contact Person

**International Business Company Formation, Inc**

Firm/ Company

**101 Main Street, Suite One**

Address

**Tappan, NY 10983**

City/ State and Zip Code

**dsteigert@ibcf.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Daniel Steigert**

Name of Contact Person

at **(845 ) 398-0900**

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

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APPROVED  
AND  
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01/13/2014 15:28

(FAX)

P.003/006

14 JAN 13 AM 10:59

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Articles of Amendment  
to  
Articles of Incorporation  
of

**BEIGEWOOD INVESTMENT INC.**

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

**P13000101567**

(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:**

NIA

*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)**

17201 Collins Avenue  
Apt 1203  
Sunny Isle Beach, FL 33160

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

17201 Collins Avenue  
Apt 1203  
Sunny Isle Beach, FL 33160

**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 NIA

NIA  
(Florida street address)

New Registered Office Address: NIA, Florida NIA  
(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.*

NIA  
Signature of New Registered Agent, if changing



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**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N/A

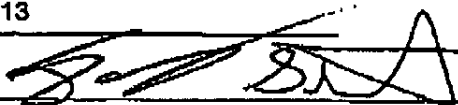
The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: N/A  
*(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 1/13/2013  
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)*

Daniel Steigert  
*(Typed or printed name of person signing)*

Incorporator  
*(Title of person signing)*