Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000888453)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 : (305)444-4977

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN 2305 BAY HOUSE INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

V HERRING

APR - 3 2017

P. 002/006 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS:

Articles of Amendment to Articles of Incorporation of

2017 MAR 31 AM 9: 08

2305 BAY HOUSE INC	
· · · · · · · · · · · · · · · · · · ·	ntly filed with the Florida Dept. of State)
P14000049379	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	The way
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	N/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)	1800 SOUTH OCEAN DRIVE, PH-4404
	HALLANDALE BEACH, FL 33009
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	285:
Name of New Registered Agent N/A	
(Florida :	street address)
New Registered Office Address:	, Florida
New Negotered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

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	PT	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Address</u>
1) Change	S		JENNIFER HERNANDEZ	444 BRICKELL AVE, 760
X Add				MIAMI, FL 33131
Remove				
2)Change				
Add				
Remove				
3) Change	_	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
<i>3)</i> Change		_ .		
Add				
Remove				
6) Change ·				
Add		_		
Remove				

(Attach additio	mal sheets, if nece	nal Articles, ente essary). (Be spec	sific)			
∛/A						
-						
				<u> </u>		
						
						
	•					
			-			
		<u> </u>	<u> </u>		<u> </u>	_
<u> </u>						•-
					_	
·		<u> </u>				_
					_	
If an amendm provisions fo	<u>ent provides for :</u> r implementing t	<u>an exchange, recl</u> he amendment if	<u>assification, or ex</u> not contained in	encellation of issu- the amendment it	ed shares,	
(if not ap)	plicable, indicate	NA)	44, 40 27 11114 III		<u>gen.</u>	
'A						
		·				 .
<u> </u>						
					_	
					<u></u> _	

The date of each amendment(s) as	doption: 09/2012017	, if other than the
date this document was signed.		it office than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were approvided for must be separately provided for	proved by the sharcholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
3/22/17 Dated	~	
Signature Que	nifar Hernandez	
(By a d	inefan Hennandez irector, president or other officer – if directors or officers have not been	
· selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	JENNIFER HERNANDEZ	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of nerson signing)	