210633

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

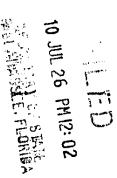
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* Roberts JUL 2 6, 2010

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Miami Coral Gables Ft. Lauderdate Jacksonville Orlando

121 Alhambra Plaza, Penthouse 1, Coral Gables, Florida 33134 (305) 443-1000 FAX: (305) 443-1462 www.allenmorris.com

July 20, 2010

To: Florida Department of State Division of Corporations Attn: Tina Roberts

RE: The Allen Morris Company

To Whom It May Concern,

We have updated page three of the enclosed document with the correct paperwork you returned to us. All documents should be correct and have the appropriate signatures. Please notify The Allen Morris Company once the amendment had been made. Also, please note that the \$35.00 filing fee was already sent with the original documentation.

Best Regards,

THE ALLEN MORRIS COMPANY

Maureen Driscoll
Tax Administrator



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2010

PERLA VERDERA
THE ALLEN MORRIS COMPANY
121 ALHAMBRA PLAZA, PH 1 STE 1600
CORAL GABLES, FL 33134

SUBJECT: THE ALLEN MORRIS COMPANY

Ref. Number: 210633

We have received your document for THE ALLEN MORRIS COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Rage 3 of your amend form is for a nonprofit corporation. Page 3 should be for a

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 410A00017244

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	The Allen Morris Compa	any
DOCUMENT NU	JMBER:	210633	,
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.	
Please return all co	orrespondence concerning this	matter to the following:	
		Porta Vardera	
	Na	Perla Verdera	
·	The A	llen Morris Company	
		Firm/ Company	
	121 Alhamb	ora Plaza, PH 1 Suite 1600	
		Address	
	0	J. Cables El 20424	
*	Ci	al Gables, FL 33134 ty/ State and Zip Code	
The state of the s		College Control of the College	•
12 Nr. 1	. PerlaVerde	ra@allenmorris.com	···,
• • •	E-mail address. (to be used	for future annual report normcation)	
For further inform	ation concerning this matter,	olease call:	
	Perla Verdera	at (305) 4	431000
	e of Contact Person	at (305) 4 Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depar	tment of State
	ik for the following amount in	age bayane io me i ionga pepar	···
✓ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee Certificate of Status
		(Additional copy is enclosed)	· Certified Copy (Additional Copy is enclosed)
			(Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporations.	F
P.O. Box 6327		Clifton Building	•
Tallahassee, FL 32314 2661 Executive Center Circle		e .	
		Tallahassee, FL 32301	
			••

Articles of Amendment Articles of Incorporation of

	Articles of Amendm	nent
	tó '	
A	rticles of Incorpora	ation ()
	of	LED
The Allen	Morris Company	orida Dept. of State)
(Name of Corporation as curre	ntly filed with the Flor	orida Dept. of State)
	210633	STEE FLOOR
(Document Num	ber of Corporation (if k	known)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this	s Flornia Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	•
Mary Page-see control on		The new
name must contain the word "chartered," "prof B. Enter new principal office address, if appl (Principal office address MUST BE A STREET) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	icable: <u>TADDRESS</u>)	ų
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:		ess in Florida, enter the name of the
New Registered Office Address:	- (Florida stree	, , , ,
-	· (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	g Registered Agent:	, ,

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)

<u> Title</u>	Name	Address	Type of Action
<u>VP</u>	William Owens	1800 Pembrook Drive Orlando. FL 32810	☑ Add □ Remove
			Add Remove
	g or adding additional Articles, enter tional sheets, if necessary (Be speci		
			;
provisions	ndment provides for an exchange, rec for implementing the amendment if		
(if not a	applicable, indicate N/A)		
			.
			

The date of each amendment	
Effective data if applicable	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	37
•	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing) TRESIDENT + CHAIRMAN
•	(Title of person signing)