## P99000029834

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | ldress)            |                 |
| (Ad                     | ldress)            |                 |
| (Cit                    | ty/State/Zip/Phone | <del>:</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL            |
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SECRETARY OF STATE SECRETARISEE. FLORIDA

8/33/13

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** P99000029834 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PRANCIS M. PAROS

Name of Contact Person GENES, S CUTON BULGERS ME. 15645 118th TEL N.
Address TVITER TO 33478

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (56) 744 2876

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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

| (Name of Corporation as currently flied  P996  (Document Number of Co   |                               | - FIL                     | _ED_                     |
|---|-------------------------------|---------------------------|--------------------------|
| () ENES/1   | CUST ON                       | BUILDEN-S                 | 120 C.                   |
| (Name of Corporation as currently fixed   | With the Florida D            | and or state 1/13 AUG 2   | 1 MM 3.00                |
| 17990   | 0000 798                      | errein                    | Y UF STATE               |
| (Document Number of Co  | rporation (if known)          | TALLAHAS                  | SEE, FLUKION             |
| Pursuant to the provisions of section 607.1006, Florida St<br>ts Articles of Incorporation:   | atutes, this <i>Florida I</i> | Profit Corfigation adopt  | s the following amendmen |
| A. If amending name, enter the new name of the corp-  | oration:                      |                           |                          |
|   |                               |                           | The new                  |
| came must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abi | "Inc," or "Co". A             | professional corporation  | name must contain the    |
| <ol> <li>Enter new principal office address, if applicable:<br/>Principal office address MUST BE A STREET ADDRI</li> </ol>                                      | ESS)                          |                           | <del></del>              |
| •   |                               |                           |                          |
|   |                               |                           |                          |
|   |                               |                           |                          |
| C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)  |                               |                           |                          |
|   | <del></del>                   |                           |                          |
|   | -                             |                           |                          |
|   |                               |                           |                          |
| 0 16 dt sht-shandhd/d   | o 66 oo oddnoor in El         | arida antor than ama a    | Etho                     |
| <ol> <li>If amending the registered agent and/or registered<br/>new registered agent and/or the new registered off</li> </ol>                                   |                               | orios, enter the hame o   | 1 tue                    |
| N. C. D. C. L. C.   |                               |                           |                          |
| Name of New Registered Agent  |                               |                           |                          |
|   | (Florida street addre         | ss)                       |                          |
| New Registered Office Address:  |                               | , Florida                 | (Zip Code)               |
|   | (City)                        |                           | (Zip Code)               |
|   |                               |                           |                          |
|   |                               |                           |                          |
| New Registered Agent's Signature, if changing Regist<br>I hereby accept the appointment as registered agent. I a  | ered Agent:                   | accent the obligations of | the position             |
| nereo, accept the appointment as registered agent. The  | m jamusar wun ana             | accept the outigations of | me 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: $\underline{X}$ Change | PT John I              | <u>Doe</u>            |  |
|---------------------------------|------------------------|-----------------------|--|
| X Remove                        | V Mike                 | Jones                 |  |
| X Add                           | <u>SV</u> <u>Sally</u> | Smith                 |  |
| Type of Action<br>(Check One)   | <u>Title</u>           | <u>Name</u>           | <u>Addres</u> s  |
| 1)Change                        | VP                     | FRANCIS MATTHEW PAROS | 15045 115th TELN   |
| Add                             |                        |                       | JUPITER, FL 33478  |
| Remove                          |                        |                       |  |
| 2) X Change                     | T, VP                  | BRADLEY R PAROS       | 15645 118 th TER N   |
| Add                             |                        |                       | JUPITER FL 33478   |
| Remove                          |                        |                       | The state of the s |
| 3)Change                        |                        | ****                  |  |
| Add                             |                        |                       |  |
| Remove                          |                        |                       |  |
| 4) Change                       | <del></del>            |                       |  |
| Add                             |                        |                       |  |
| Remove                          |                        |                       |  |
| 5) Change                       |                        |                       |  |
| Add                             |                        |                       |  |
| Remove                          |                        |                       |  |
| 6) Change                       | •                      |                       |  |
| Add                             |                        |                       | ·  |
| Remove                          |                        |                       |  |

| The date of each amendment(s) adoption: $8/9/3$ date this document was signed.  | , if other than the |
|---|---------------------|
| 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  |                     |
| ☐ 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   |                     |
| 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) | -                   |
| (Typed or printed name of person signing)   | _                   |
| PRET 10ENT (Title of person signing)  | -                   |