

716044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

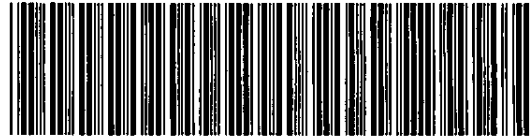
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Harwick House, Inc.

DOCUMENT NUMBER: 716044

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

Please return all correspondence concerning this matter to the following:

Pete Mulligan

Name of Contact Person

Harwick House, Inc.

Firm/ Company

625 Antioch Ave.

Address

Fort Lauderdale, FL 33304

City/ State and Zip Code

pmulligan50@yahoo.com

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

For further information concerning this matter, please call:

Melissa Wessman at (954) 854-8778

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED

14 APR 11 AM 11:44

Harwick House, Inc.

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

716044

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

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**)

625 Antioch Ave.

Fort Lauderdale, FL 33304

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

625 Antioch Ave.

Fort Lauderdale, FL 33304

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 _____

(Florida street address)

New Registered Office 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

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.

X Add SV Sally Smith

Address

625 Antioch Ave. #101

Fort Lauderdale, FL 33304

☐ Remove

625 Antioch Ave. #206

Fort Lauderdale, FL 33304

☐ Remove

625 Antioch Ave. #307

Fort Lauderdale, FL 33304

☐ Remove

625 Antioch Ave. # 208

Fort Lauderdale, FL 33304

☐ Remove

625 Antioch Ave. #110

Fort Lauderdale, FL 33304

☐ Remove

6) ☐ Change

 Add

 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: _____, if other than the date this document was signed.

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 04/08/14

Signature Peter Mulligan
(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)

Peter Mulligan PETER MULLIGAN
(Typed or printed name of person signing)

President PRESIDENT
(Title of person signing)

FILED
14 APR 11 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cushing, Diane

From: Cushing, Diane
Sent: Wednesday, April 23, 2014 9:15 AM
To: 'pmulligan50@yahoo.com'
Subject: Harwick House, Inc.
Attachments: SKMBT_60114042307550.pdf

Mr. Mulligan

We filed your nonprofit amendment for this corporation but discovered you had completed a profit amendment form. So instead of deleting the filing can I get you to complete the attached form? I completed the form by using the information you had put on the form you had completed but the last page is different from a profit filing. Will you please complete the page and either email it back to me or fax it back and I will exchange the paperwork for the filing. Thanks.

Diane C. Cushing
Senior Section Administrator
Amendment Section
Division of Corporations
(850) 245-6913
(850) 245-6013 (Fax)

Articles of Amendment
to
Articles of Incorporation
of

Harwick House, Inc.

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

716044

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

625 Antioch Ave.

Fort Lauderdale, FL 33304

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

625 Antioch Ave

Fort Lauderdale, FL 33304

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: _____

(Florida street address)

New Registered Office 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u>	<u>Peter Mulligan</u>	<u>625 Antioch Ave. #101</u> <u>Fort Lauderdale, FL 33304</u>
2) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>V</u>	<u>Arthur Frumowitz</u>	<u>625 Antioch Ave. #206</u> <u>Fort Lauderdale, FL 33304</u>
3) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>T</u>	<u>Will Vandenberg</u>	<u>625 Antioch Ave. #307</u> <u>Fort Lauderdale, FL 33304</u>
4) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>D</u>	<u>John DiFiore</u>	<u>625 Antioch Ave. #307</u> <u>Fort Lauderdale, FL 33304</u>
5) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>D</u>	<u>Deborah Nataloni</u>	<u>625 Antioch Ave. #110</u> <u>Fort Lauderdale, FL 33304</u>
6) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _____

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors 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)

(Title of person signing)