## H18829

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Washington Square Corporation  DOCUMENT NUMBER: H18829				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Alan H. Moore  Name of Contact Person				
Name of Contact Person				
Washington Square Corporation				
Fifm/Company				
915 Delaware Av				
Address				
Lynn Haven, Fc 32444  City/State and Zip Code				
alan. h. moore @ comeast, net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alan H. Moore at (850) 527-6931  Name of Contact Person Area Code & Daytime Telephone Number				
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:				
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of A	Amendment SSO	TAKEO
to Articles of In	acorporation /3/50	CORDOSTAT
Washington Square Cor (Name of Corporation as currently filed with the I	poration  Florida Dent of State)	V MARY CO CORPORATION CORPORATION
H18829		
(Document Number of Corporation (	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corporation:  Washington Square Ho  name must be distinguishable and contain the word "corporation"	Iding Corporation	_The new
name must be distinguise able and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	15 Delaware Av Lynn Haven, FL 32444	/ - -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	915 Delaware Av Lynn Haven, Fc 32444	- - -
D. If amending the registered agent and/or registered office add	ires in Florida, enter the name of the	
new registered agent and/or the new registered office addres	SE:	
Name of New Registered Agent Alan H. Y	Moore	
	ware Av treet address)	
New Registered Office Address: Lynn Huver (City)	n , Florida 32444 (Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  Signature of New Registered	with and accept the obligations of the position.	

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	VD Alan H. Moore	ars Delaware Ar
Add Remove		415 Delaware Au Lynn Haven FL, 32444
2) Change	SD Alice A. Moore	1011 Delaware Av
Add Remove		1011 Delaware Av Lynn Havan FL, 32444
Change Add		
Remove		
4) Change		
Remove		
5) Change		
Add Remove		
6) Change		
Add		
Remove		

additional sheets, if necessary). (Be specific)	
N/A	
	<u>.                                 </u>
	<u></u>
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	ian afternad chame
nendment provides for an exchange, reclassification, or cancellat ions for implementing the amendment if not contained in the ame	endment itself:
not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(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	
Dated	
(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)	
Alan H. Moore	
(Typed or printed name of person signing)	
Alan H. Moore (Typed or printed name of person signing)  Vice-President	
(Title of person signing)	