M25919

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SECRETARY OF STATE

C. LEWIS
JUL 2 6 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

	ALLEN DE	VELOPMENT C	ORPORATION			
DOCUMENT NUMBER: M25919						
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
	KENNETH E. MO	RRIS				
		Name of Contact Person				
	ALLEN DEVELO		PRATION			
Firm/ Company						
	1730 MAIN STREET, SUITE 206					
Address WESTON, FLORIDA 33326						
	······································	City/ State and Zip Code				
KE	NMORRIS@MOR	RISSEGROUP.	COM			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information concerning this matter, please call:						
KENNETH E	. MORRIS	at (954	474-1776			
Name of Contact Person		Area Co	de & 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 & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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 Articles of Incorporation of

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ALLEN DEVELOPMENT CORPORATION

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

M25919 (Document Number of Corporation (if known)

amendment(s) to

 If amending name, enter the new name of the corporation: [N/A] 	<u>. </u>	
name must be distinguishable and contain the word "corpord" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contai	
B. Enter new principal office address, if applicable:	1730 MAIN STREET	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 206	
	WESTON, FL 33326	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1730 MAIN STREET	
	SUITE 206	
	WESTON, FL 33326	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional new of New Registered Agent KENNETH E.	ress:	
	TREET, STE 206	
	a street address)	
New Registered Office Address: WESTON	, Florida 33326	
10	(Zip Code)	

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	<u>PT</u>	John Do	DE	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) X Change	Р		KENNETH E. MORRIS	1730 MAIN STREET, SUITE 206
Add				WESTON, FLORIDA 33326
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				V-000000000000000000000000000000000000
4) Change			* + 40	
Add				un de santa
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Auu Pemove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)
•	(an appropriate
I/A]	
	<u> </u>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
	

		7//-	-	F1L EtO than the 24 AM 10: 49
The date of each amendment		1/20/10	13 15.	if other than the
date this document was signed		<i>,</i> .	'3][[24
Effective date if applicable:	ON FILING.		SECRET	AM 10: 4.8 RY OF STATE SEE. FLORIDA
	(no more th	ian 90 days after amendmen	it file date LAHAS	SEC STATE
				E. FLORIDA
Adoption of Amendment(s)	(CHECK ONE)			104
	re adopted by the shareholders. ere sufficient for approval.	The number of votes cast f	for the amendment(s)	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholder ed for each voting group entitle	s through voting groups. The dot to vote separately on the d	ne following statement amendment(s):	
"The number of vote:	s cast for the amendment(s) wa	s/were sufficient for approva	al	
by				
•	(voting group)			
☐ The amendment(s) was/we action was not required.	re adopted by the board of dire	ectors without shareholder ac	ction and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators	s without shareholder action	and shareholder	
Dated	1/2/13	#		
Signature _	N			
	By a director, president or other elected, by an incorporator – if			
	ppointed fiduciary by that fidu		rustee, or outer court	
		E. MORRIS		
		d or printed name of person	signing)	
	PRESIDEN		_ _ -	
	トレアのコロビル	N		

(Title of person signing)