

NO3000004321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

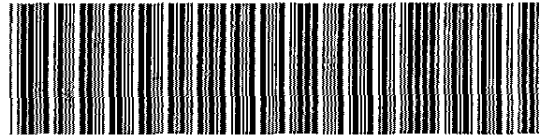
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900044962399

*Name  
Change  
Amend*

01/26/05--01013--023 \*\*70.00

FILED  
05 FEB -2 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 JAN 26 AM 11:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*DR*  
*11*

*02576*  
*\*00789, 00690, 00672*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. THE GRAND CENTER, INC. N03000004521  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in



Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILNGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 26, 2005

Express Corporate Filing Service Inc.  
1000 Ponce De Leon Blvd.  
Suite 101  
Coral Gables, FL 33134

SUBJECT: THE GRAND CENTER, INC.  
Ref. Number: N03000004321

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

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 105A00005440

RECEIVED  
05 FEB -2 AM 10:53  
DIVISION OF CORPORATION

FILED  
05 FEB -2 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: NOVEMBER 02, 2004

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

Signed this 02 day of NOVEMBER, 2004

BY

Christina Grand-Tennyson  
CHRISTINA GRAND-TENNYSON

\_\_\_\_\_  
(Typed or printed name of person signing)

P/D

\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**

**STATE OF FLORIDA:  
COUNTY OF MIAMI-DADE**

I HEREBY CERTIFY, that on this day, before me, a Notary Public duly authorized in the State and County named above, to take acknowledgment personally appeared **CHRISTINA GRAND-TENNYSON** who is known to me to be the person described in and who executed the forgoing Articles, acknowledged it to be the act and deed of the signer respectively and respectfully and stated that the facts and matter therein set forth are true and correct.

**WITNESS** my hand and seal in the County and State named above this 02<sup>TH</sup> day of November, 2004.

\_\_\_\_\_  
Notary Public



**JORGE R. LOPEZ**  
MY COMMISSION # DD 170023  
EXPIRES: December 8, 2006  
Bonded Thru Budget Notary Services