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DEPARTMENT OF STATE SECRIPTIONS SECRIPTIONS TALLAHASSEE, FLORIDA TALLAHA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Br	ciotin Place S	ub division
tro per	Dwine Assor	crotin Phace 1,	Inc
DOCUMENT NUM	BER: NI 10000	1248	
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Ben B	Contact Person)	
	(Name of	Contact Person)	
	(Firn	n/ Company)	
	2735 M:1	Len by ding Mandage	<u>(</u>
	(
	Tolla Hagged (City/ Sta	te and Zip Code)	
	E-mail address: (to be use	ed for future annual report notifica	ation)
For further informati	on concerning this matter, pleas	e call:	
		-4 (
(Name	of Contact Person)	at ()_ (Area Code & Daytin	me Telephone Number)
Enclosed is a check	or the following amount made p	payable to the Florida Departmen	t of State:
□\$35 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)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

Articles of Amendment

FILED

(Zip Code)

2012 JAN 26 PM 1:01 **Articles of Incorporation** SECRETARY OF STATE of (Name of Corporation as currently filed with the Florida Dept. of State) N1/2000/848 (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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			
			☐ Add
E. If amen (attach d	nding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
			
			
	•		

The date of each amendment(s) adoption: /2/26/12
(date of adoption is required) 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)