N.11000009677

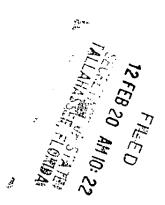
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(Re	equestor's Name)	
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C. MUSTAIN



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	MS Bar	nd Parent A	ssociation, Inc.
DOCUMENT NUMBER: N11	000009	9677	
The enclosed Articles of Amendmen			
Please return all correspondence con	cerning this mat	ter to the following:	
Maria Martinez			
		(Name of Contact Perso	n)
		(Firm/ Company)	
P.O. Box 292818	3		
	· · · · ·	(Address)	
Davie, FL 33329			
		(City/ State and Zip Coo	le)
E-mail ad	dress: (to be use	d for future annual report	notification)
For further information concerning the	nis matter, please	call:	
Maria Martin	nez rson)	at (<u>954</u> (Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following	amount made pa		
	75 Filing Fee & ificate 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		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 Amendment to Articles of Incorporation of

(Name of Corporation as currently filed w	vith the Florida Dept, of Sta	<u>(te</u>)
N11000009677		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the followin
A. If amending name, enter the new name of th	e corporation:	
		The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporation" or "incorpor i <mark>e</mark> .	cated" or the abbreviation #Corp." or "Inc."
B. Enter new principal office address, if application	ablas	
Principal office address MUST BE A STREET A	(IDDRESS)	董彦 尹
		8
		20 7
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	nor.	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	1	
). If amending the registered agent and/or regi	stered office address in Flor	ida, enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	(Florida street address	9
·	47311	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
hereby accept the appointment as registered agen	t. I am familiar with and acc	cept the obligations of the position.
Signature of		nging

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> ` <u>Jo</u>	h <u>n Doe</u>	
X Remove	<u>V</u> <u>M</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DP	FARRYN WEISS	P.O. BOX 292818 DAVIE, FL 33329
2) Change X Add Remove	D	LISA KENNEDY	P.O. BOX 292818 DAVIE, FL 33329
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		· 	
6) Change Add Remove			

. If amending or adding additional Articles, enter change (attach additional sheets, if necessary). (Be specific)	
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The	e date of each amendment(s) adoption:
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
Ado	option 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.
	Dated2/3/12
	Signature Maria Watting
	(By the chairman or view chairman of the beard, 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)
	MARIA MARTINEZ
	(Typed or printed name of person signing) V. P. d. Treasurer
	(Title of person signing)