

N12000000065Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

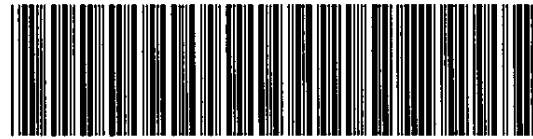
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400262461954

07/21/14--01025--008 \*\*43.75

FILED  
JUL 14 1964  
FBI - NEW YORK

Amend/CC  
@ 8.13.14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: House of Breakthroughs Corp.

DOCUMENT NUMBER: N12000000652

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Akiva Schmidt

(Name of Contact Person)

House of Breakthroughs Corp.

(Firm/ Company)

150 Lae Nancy Lane Apt # 418

(Address)

West Palm Beach, FL. 33411

(City/ State and Zip Code)

hobreakthroughs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Akiva Schmidt at ( 561 ) 687-9274

(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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2014

AKIVA SCHMIDT  
HOUSE OF BREAKTHROUGHS CORP  
150 LAE NANCY LANE - APT. 418  
WEST PALM BEACH, FL 33411

SUBJECT: HOUSE OF BREAKTHROUGHS CORP.  
Ref. Number: N12000000652

We have received your document for HOUSE OF BREAKTHROUGHS CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 014A00016657

RECEIVED  
14 AUG 13 AM 10:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

House of Breakthroughs Corp.

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

N12000000652

(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:

NA

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NA

(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:

NA

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

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

FILED  
CLERK OF STATE  
14 AUG 13 PM 8:29

(Attach additional sheets, if necessary)

*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.*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Title	Name
-------	------

Address

1) <input type="checkbox"/> Change	<u>D</u>	<u>Roi Bannerman Mr.</u>	<u>Apt # 300, 5100 60Th St.</u>
<input type="checkbox"/> Add			<u>Red Deer, Alberta</u>
<input checked="" type="checkbox"/> Remove			<u>Canada, T4N1C4</u>

2)      Change      D      David Michael Iglesias      1478 Artiminio Lane  
    X Add                                      Boynton Beach, FL. 33436  
    Remove

3 ) \_\_\_\_ Change \_\_\_\_\_

\_\_\_\_ Add \_\_\_\_\_

Remove \_\_\_\_\_

4) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

5) \_\_\_\_\_ Change  
\_\_\_\_\_ Add  
Remove

6) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: JUNE 26, 2014, if other than the date this document was signed.

Effective date if applicable: JUNE 26, 2014  
(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 Aug 11 2014

Signature [Handwritten 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)

AKIVA SCHWARTZ  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)