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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AEALAS of Florida, Inc.					
DOCUMENT NUMBER: N14000001499					
The enclosed Articles of Amendment and fee are subm	itted for filing.				
Please return all correspondence concerning this matter to the following:					
Melissa Gross-Arnold, Es	sq.				
	Name of Contact Person)			
The Arnold Law Firm	,				
	(Firm/ Company)				
6279 Dupont Station Cou	ırt				
	(Address)				
Jacksonville, FL 32217	Jacksonville, FL 32217				
	City/ State and Zip Code	e)			
melissa@arnoldlawfirmllc.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please of	can:	_			
Melissa Gross-Arnold	_{at (} 904	731-3800 ode & Daytime Telephone Number)			
(Name of Contact Person)	(Area Co	ode & 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 & 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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle essee, FL 32301			

Articles of Amendment to Articles of Incorporation of

ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address:				EALAS of Florida, Inc.
(Document Number of Corporation (if known) arsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the forendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation or "incorporated" or the abbreviation "Corp." on Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address)			idn Dept. of State)	
nendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: Ime must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." on Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Irincipal office address MUST BE A STREET ADDRESS) Enter new mailing address MIST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) 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: [Florida street address]			poration (if known)	
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Office Address:	e following	n adopts the follo	, this Florida Not For Profit Corporation adopts t	suant to the provisions of section 617.1006, Florida Statute. endment(s) to its Articles of Incorporation:
If amending the registered agent and/or registered office address: New Registered Office Address: Mey Registered Office Address: New Registered Office Address: In the name (Corp." or "incorporated" or the abbreviation "Corp." or "incorporated" or "incorporated			vn:	If amending name, enter the new name of the corporati
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address:	The new or "Inc."		on" or "incorporated" or the abbreviation "Corp.	ne must be distinguishable and contain the word "corporat impany" or "Co." may not be used in the name.
(Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address:	<u>·</u>	<u>-</u>		
Name of New Registered Agent: [Florida street address] New Registered Office Address:				
Name of New Registered Agent: [Florida street address] New Registered Office Address:		1.00 200 0.00 2.00 2.00 0.00 2.00 0.00 0		
(Florida street address) New Registered Office Address:		the	e <u>address in Florida, enter the name of the</u> idress:	If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac
New Registered Office Address:				Name of New Registered Agent:
Florida			Florida street address)	
(City) (Zip Code)	 le)	(Zip Code)	, Florida	(City)
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		he position.		

Page 1 of 4

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.

V Mike	e Jones	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
D	Jeffrey Shapiro	151 N. Nob Hill
		Suite 315
		Plantation, FL 33324
D	Cheryl Jacobs	151 N. Nob Hill
		Suite 315
		Plantation, FL 33324
PD	Andrew Jacobs	151 N. Nob Hill
		Suite 315
		Plantation, FL 33324
D _	Jay Taylor	9865 NW 2nd Court
_		Plantation, FL 33324
D	Harriet Sharaf	700 SW 78th Ave.
		Apt. 1102
		Plantation, FL 33324
	·	
	Y Mike SY Sally Title D PD	Mike Jones SV Sally Smith Title Name D Jeffrey Shapiro Cheryl Jacobs PD Andrew Jacobs D Jay Taylor

famending or adding additional Arti attach additional sheets, if necessary).	(Be specific)

······································	
 	

	this document was signed.	, if other than the
Effe	(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. Dated Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been felected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Andrew Jacobs	,
	(Typed or printed name of person signing) President	
	(Title of person signing)	