

N15000008154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

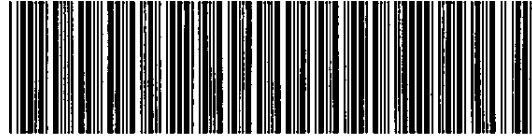
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR -3 AM 9:16

MAR 9 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2015

RAQUEL OJALVO / SOUTH BAY FINANCIAL & CAREER DEVELOPMEN
711 11TH STREET #B
HORMOSA BEACH, CA 90254 US

SUBJECT: SOUTH BAY FINANCIAL & CAREER DEVELOPMENT CENTER,
INC.
Ref. Number: N15000008154

We have received your document for SOUTH BAY FINANCIAL & CAREER DEVELOPMENT 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):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FLORIDA NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 015A00023907

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: South Bay Financial & Career Development Center, Inc.

DOCUMENT NUMBER: N15000008154

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

Please return all correspondence concerning this matter to the following:

Raquel Ojalvo

(Name of Contact Person)

South Bay Financial & Career Development Center, Inc.

(Firm/ Company)

711 11th Street Unit B

(Address)

Hermosa Beach, CA 90254

(City/ State and Zip Code)

goldensfairry@gmail.com

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

For further information concerning this matter, please call:

Maria Menendez

(Name of Contact Person)

626

at

221-7000

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS

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Articles of Amendment
to
Articles of Incorporation
of

South Bay Financial & Career Development Center, Inc.

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

NI500008154

(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:

N/A

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)

711 11th Street

Unit B

Hermosa Beach, CA 90254

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

711 11th Street

Unit B

Hermosa Beach, CA 90254

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:

InCorp Services, Inc.

17888 67th Court North

(Florida street address)

New Registered Office Address:

Loxahatchee

(City)

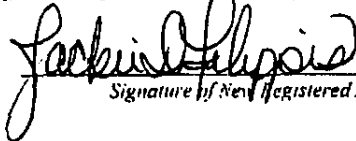
Florida

33470

(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.



Jackie DeFilippis for InCorp Services, Inc.

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Gabriela Fischer</u>	<u>17888 67th Court North</u>
<input type="checkbox"/> Add			<u>Loxahatchee, FL 33470</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Raquel Ojalvo</u>	<u>711 11th Street</u>
<input type="checkbox"/> Add			<u>Unit B</u>
<input type="checkbox"/> Remove			<u>Hermosa Beach, CA 90254</u>
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Denise Yogi</u>	<u>8350 Sierra Bonita</u>
<input type="checkbox"/> Add			<u>San Gabriel, CA 91770</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

N/A

11/12/2015

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

Effective date if applicable: Originally submitted in November 2015 11/12/2015
(no more than 90 days after amendment file date)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

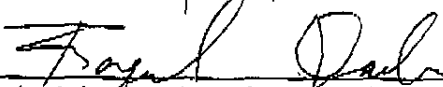
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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

2/25/16

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)

Raquel Ojalvo

(Typed or printed name of person signing)

President

(Title of person signing)