

N180000006116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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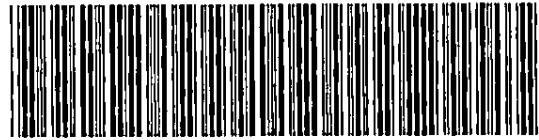
(Business Entity Name)

(Document Number)

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FILED
2019 JAN 29 AM 11:55
RECEIVED
FEB 01 2019

CRIS
Amend

JAN 30 2019
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOW WE SEE IT INC.

DOCUMENT NUMBER: N18000006116

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

Please return all correspondence concerning this matter to the following:

ROCKER, JEFF

(Name of Contact Person)

(Firm/ Company)

10700 CITY CENTER BLVD, SUITE 5245

(Address)

PEMBROKE PINES, FL 33025

(City/ State and Zip Code)

PLANABIZ@AOL.COM

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

For further information concerning this matter, please call:

ROCKER, JEFF

786

355-8680

at

(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:

☐ \$35 Filing Fee

☒ \$43.75 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)

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

December 6, 2018

JEFF ROCKER
10700 CITY CENTER BLVD
APT. 5245
PEMBROKE PINES, FL 33025

SUBJECT: HOW WE SEE IT INC.
Ref. Number: N18000006116

RECEIVED
2019 JAN 29 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FL

We have received your document for HOW WE SEE IT INC. 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 you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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: 618A00025131

DEAR MS IRENE ALBRITTON, Reg. SPL. II

THANK YOU FOR YOUR TIME IN THIS
MATTER PLEASE FIND A NEW NON-PROFIT
AMENDMENT FORM COMPLETED. PLEASE BE KIND
ENOUGH TO USE THE ABOVE CREDIT OF 43.75
AGAIN WE THANK YOU

www.sunbiz.org

Sincerely
JEFF Rocker

Articles of Amendment
to
Articles of Incorporation
of

HOW WE SEE IT INC.

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

N18000006116

(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**)

10700 CITY CENTER BLVD. SUITE 5245

PEMBROKE PINES, FL 33025

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10700 CITY CENTER BLVD. SUITE 5245

PEMBROKE PINES, FL 33025

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: MCLEAN, HERMAN V. JR.

10700 CITY CENTER BLVD. SUITE 5245

(Florida street address)

New Registered Office Address:

PEMBROKE PINES

(City)

Florida 33025

(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.

(X)

JEFF RATER

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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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 checked="" type="checkbox"/> Change	<u>CEO P</u>	<u>ROCKER, JEFF</u>	<u>10700 CITY CENTER BLVD.</u>
<input type="checkbox"/> Add			<u>SUITE 5245</u>
<input type="checkbox"/> Remove			<u>PEMBROKE PINES, FL 33025</u>
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>MCLEAN, HERMAN V, JR.</u>	<u>10700 CITY CENTER BLVD.</u>
<input type="checkbox"/> Add			<u>SUITE 5245</u>
<input type="checkbox"/> Remove			<u>PEMBROKE PINES, FL 33025</u>
3) <input type="checkbox"/> Change	<u>S/T</u>	<u>JONTERIA WILLIAMS</u>	<u>10700 CITY CENTER BLVD</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 5245</u>
<input type="checkbox"/> Remove			<u>PEMBROKE PINES, FL 33025</u>
4) <input type="checkbox"/> Change	<u>S</u>	<u>CAMPBELL, DARYL</u>	<u>10620 NW 21ST</u>
<input type="checkbox"/> Add			<u>SUNRISE, FL 33322</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

JANUARY 26, 2019

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

JANUARY 26, 2019

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

JANUARY 26, 2019

Dated _____

Signature Jeff Rocker
(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)

ROCKER, JEFF

(Typed or printed name of person signing)

CEO, PRESIDENT

(Title of person signing)