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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gold Coast Executive Network, The.		
DOCUMENT NUMBER:	2050	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Kim Serra-Riv (Name of	Contact Person)	
Regent Bank (Firm	/ Company)	
1100 SE Third av	Address)	
Ft. hauderdale, (City/Stat	FL 33316 ee and Zip Code)	
For further information concerning this matter	, please call:	
Kim Serra Rivera (Name of Contact Person)	at (954) 765. 5500 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\text{Certificate of Status}\$	S43.75 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

Articles of Amendment

10
Articles of Incorporation 07_{APR}
Articles of Incorporation of Gold Coast Executive Network, Inc. TALLAHASSE 46
Gold Coast Executive Network, Inc. TALLAHARY (Name of corporation as currently filed with the Florida Dept. of State) APR 2 44 8:46
(Name of corporation as currently filed with the Florida Dept. of State) ${}^{\circ}\mathcal{E}_{\mathcal{E}}$
(Document number of corporation (if known)
(Bocument number of corporation (it known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended added or deleted: (BE SPECIFIC)
Principal address: 1100 SE Third avenue, Ft. Lauderdaye, FL 33316
TIMEPIS CHEES TOO SE MILE TE MILE ON THE STATE OF THE STA
Mailing address: 1100 SE Third avenue, Et Landerdais, Fr. 33316
Registered agent Name & address:
Registered agent Name & address: Kim Serra-Rivera
1100 SE Third avenue
Ft. Lauderdale, FL 33316
•

(Attach additional pages if necessary)
(continued)

Adoption of Amendment(s) (CHECK ONE) The amendment(s) was (were) adopted by the members and the number of votes of for the amendment was sufficient for approval. There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors. Signature Kun M. Ruwa (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.) Kim M. Rinera (Typed or printed name of person signing) Treasurer (Title of person signing) FILING FEE: \$35	Effective date if applicable:	(no more than 90 days after amendment file date)
for the amendment was sufficient for approval. There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors. Signature	Adoption of Amendment(s)	(CHECK ONE)
Signature Kum Ruma (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.) Kim M. Rivera (Typed or printed name of person signing) Treasurer (Title of person signing)	7.5	· · · · · · · · · · · · · · · · · · ·
(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.) Kim M. Rivera (Typed or printed name of person signing) Treasurer (Title of person signing)		
(Typed or printed name of person signing) Treasurer (Title of person signing) FILING FEE: \$35	(By the chairman of have not been selections)	or vice chairman of the board, president or other officer- if directors ected, by an incorporator- if in the hands of a receiver, trustee, or
(Typed or printed name of person signing) Treasurer (Title of person signing) FILING FEE: \$35	Kim	M. Rivera
(Title of person signing) FILING FEE: \$35		
(Title of person signing) FILING FEE: \$35 — Gold Coast Executive	Trea	ISUVEX
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-, Kim M. Rivera; Treasurer of Gold Coast Executive returns of familiar withe Obligations of		* ***
	Kim M. Rivena; T	reasurer of Gold Coast Executive uniliar withe Obligations of

this positions.

Kim m. Ruita