N51344

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRANSFLORIDA CENTRE, INC.
DOCUMENT NUMBER: N51344
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHANNON BROOKSHIRE (Name of Contact Person)
(Name of Contact Person)
GROVER CORIEW OF FLORIDA, LLC (Firm/Company)
(Firm/ Company)
2335 E. ATLANTIC BLVD, STE 300
POMPANO BEACH, FL 33062_ (City/ State and Zip Code)
S brookshire @ grover corlew. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHANNON BROOKSHIRE at (404) 245-4962 (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:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

TRANSFLORIDA CEN	TRE, INC.
	y filed with the Florida Dept. of State)
N51344	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
TRANSFLORIDA CENTR	E INC. The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on "or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2335 E. ATLANTIC BLUD
(Principal office address MUST BE A STREET ADDRESS)	STE. 300
	POMPANO BEACH, FL 33062
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2335 E. ATLANTIC BLUD
	STE. 300
	POMPANO BEACH, FL 33062
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent: ANUS	GROVER_
2-335	E. ATLANTIC BLUD, STE 300 (Florida street address)
New Registered Office Address:	(Florida street address)
Pomps	tho BEALT Florida 330x02 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A land land land land land land land land	Agent: niliar with and accept the obligations of the position.
Sig	gnature of New Registered Agent, if changing
n	All DEC TO
r	rage l 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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		STEVEN COHEN	902 CLINTMOORE PD 110 BOCA RATON, FL 33487
2) Change Add Remove	P	ANUS GROVER	2335 E. ATLANTIC BIUD STE 300 POMPANO BEACH, FL 33062
3) Change Add Remove	TS_	MARK OPLEW	2335 E ATLANTIC BLUD STE-BOO POMPANO BEACH, FL 330062
4) Change Add Remove	<u>V</u>	MATT SWANSON	2335 E. ATUNTIC BLUD STE 300 POMPANO BEACH, FL 33067
5) Change Add Remove			
6) Change Add Remove			

			(Be specific)				
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Γh€	e date of each amendment(s) adoption:, if other than the
date	e this document was signed.
Em	ective date if applicable:
	(no more than 90 days after amendment file date)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ado	option of Amendment(s) (CHECK ONE)
团	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 12 12 20 8
	Signature (By the chairman of vice chairman of the board, president or other officer-if directors have not occi selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ANUT GROVER (Typed or printed name of person signing)
	(Title of person signing)
	(Title of beland arguing)