P0000083037

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mallow

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: GBS BOCA WEST, INC. P00000083037 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MORTON R. GOUDISS, ESQ. Name of Contact Person Firm/ Company P.O. Box 546514 Address Surfside, FL 33154-6514 City/ State and Zip Code Mgoudiss@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 <u>865-6736</u> Morton R. Goudiss, Esq. 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:

Mailing Address

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

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

(Additional copy is enclosed)

□ \$52.50 Filing Fee

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Articles of Amendment to Articles of Incorporation of

GBS BOCA WEST, INC.	Currently filed with the Florida Dept. of State Number of Corporation (if known)
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P00000083037	Sh. O.
	Number of Corporation (if known)
suant to the provisions of section 607 endment(s) to its Articles of Incorporation	7.1006, Florida Statutes, this Florida Profit Corporation adopts the fo
If amending name, enter the new nan	me of the corporation:
GBS WEST BOCA, INC.	The ne
reviation "Corp.," "Inc.," or Co.," or	tain the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A."
Enter new principal office address, if incipal office address MUST BE A ST	
	·
Enter new mailing address, if application	
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)
If amounting the registered agent and	Von registered office address in Florida, enter the name of the
new registered agent and/or the new	l/or registered office address in Florida, enter the name of the registered office address:
Name of New Registered Agent:	
	1090 Kane Concourse, Suite 202
New Registered Office Address:	(Florida street address)
	Bay Harbor Islands, Florida 33154_
	(City) (Zip Code)
w Registered Agent's Signature, if cha	
revy accept the appointment as register	red agent. I am familiar with and accept the obligations of the position
	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	 		☐ Add ☐ Remove
	<u> </u>		
	nding or adding additional Art additional sheets, if necessary).		
provis	mendment provides for an excions for implementing the amonot applicable, indicate N/A)	change, reclassification, or cancella endment if not contained in the amo	tion of issued shares, endment itself:

The date of each amendment(s	3) adoption: 2/9/1/	
ı	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amen e sufficient for approval.	idment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
. (voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sha	areholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	older
Dated	Mov 9 2011	
Signature	Lung	
(By a select	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	