

P00 000106871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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S TALLENT

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1/12/21

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2020

MARC HAUSER  
HAUSER&HAUSER, PLLC  
1111 KANE CONCOURSE #616  
BAY HARBOR ISLAND, FL 33154

SUBJECT: BAY HARBOR EXECUTIVE OFFICES, INC.  
Ref. Number: P00000106871

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES. PLEASE RESUBMIT.

PLEASE COMPLETE THIS FORM ONLY.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 920A00023169

01/13/2021

**\*\*Ms. Tallent**

We presume that the new form was attached by you. It is being sent back, completed along with the old form. We hope this is now correct

Thank you ✓

*New form*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2020

*11/16/20*

MARC HAUSER  
HAUSER&HAUSER, PLLC  
1111 KANE CONCOURSE #616  
BAY HARBOR ISLANDS, FL 33154

SUBJECT: BAY HARBOR EXECUTIVE OFFICES, INC.  
Ref. Number: P00000106871

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Susan Tallent  
Regulatory Specialist II

Letter Number: 120A00020048

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Bay Harbor Executive Offices, Inc.

**DOCUMENT NUMBER:** P00000106871

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

Please return all correspondence concerning this matter to the following:

Marc Hauser  
Name of Contact Person

Hauser&Hauser, PLLC  
Firm/ Company

1111 Kane Concourse, Suite 616  
Address

Bay Harbor Is., FL. 33154  
City/ State and Zip Code

hausermarc@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Hauser at ( 305 ) 864-9934  
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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Bay Harbor Executive Offices, Inc.

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

P00000106871

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

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

**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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	vd	Ofelia Sherman	P.O. Box 546945
<input type="checkbox"/> Add			Surfside, FL 33154
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VD	Ofelia Sherman, Trustee	P.O. Box 546945
<input checked="" type="checkbox"/> Add			Surfside, FL 33154
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<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)

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.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.**

provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

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

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.

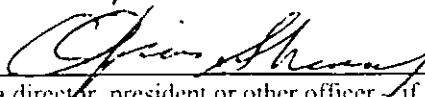
**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)"

Dated 12/2, 2020

Signature   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FELICIA SHERMAN, TRUSTEE  
(Typed or printed name of person signing)

PH / VD  
(Title of person signing)