

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1082  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SBD TRADEMARK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

11 AUG 11 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**\*RE-SUBMIT\***

Please retain original filing  
date of submission 8/19

8216605 SP

Electronic Filing Menu

Corporate Filing Menu

**Robinson, Melanie**

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**From:** send@mail.efax.com  
**Sent:** Tuesday, August 09, 2011 8:54 AM  
**To:** Robinson, Melanie  
**Subject:** Successful transmission to 18508785368. Re: CT Order#8216605so- SBD Trademark Inc- FL

Dear Melanie. Robinson,

Re: CT Order#8216605so- SBD Trademark Inc- FL

The 6 page fax you sent through eFax Solutions to 18508785368 was successfully transmitted at 2011-08-09 13:54:03 (GMT).

The length of transmission was 189 seconds.

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Best Regards,  
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Email: [corporatesupport@mail.efax.com](mailto:corporatesupport@mail.efax.com)

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SBD Trademark, Inc.

DOCUMENT NUMBER: P04000052531

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

Please return all correspondence concerning this matter to:

Carol A. Simler  
Contact Person

Withers Bergman LLP  
Firm/Company

157 Church Street, 19<sup>th</sup> Fl.  
Address

New Haven, CT 06510  
City, State and Zip Code

tdavlin@daszkalbolton.com

Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph W. Morales at 203-974-0401  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee<br>& Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee<br>& Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional Copy is enclosed) |
|---|--|---|--|

Articles of Amendment  
To  
Articles of Incorporation  
of  
SBD Trademark, Inc.

Name of Corporation as currently filed with Florida Dept. of State

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendments to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

North View Trademark, Inc. 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 work "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 here:

Name of New Registered Agent:

New Registered Office Address:

Florida street address

City, Florida, Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as a registered 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Arthur S. Agatston	1691 Michigan Ave., Suite 500 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director	Sari Agatston	1691 Michigan Ave., Suite 500 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<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)

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**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)

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- ☒ 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)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated August 9, 2011

Signature Arthur S. Agatston  
(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.)

Arthur S. Agatston  
(Typed or printed name of person signing)

President  
(Title of person signing)