Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000239705 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number : 120040000149

Estimated Charge

Phone Fax Number : (561)478-1777 : (561)478-0567

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

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HIDDEN ROAD STABLES, INC. Certificate of Status 0 Certified Copy 01 Page Count

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OCT 3 1 2013

T. CARTER

## DALIA ACCOUNTING SVC

(H130002397053)

FILED SECRETARY OF STATE TALLED SESSES FLORIDA

Articles of Amendment to Articles of Incorporation

13 OCT 30 AM 9: 50

HIDDEN RO	<u>AD STABLES, INC</u>	<i>.</i>	
(Name of Corporation as curre	ently filed with the Flori	la Dept. of State)	
P04	000150885		
(Document Nun	iber of Corporation (if kn	own)	
rsuant to the provisions of section 607.100e endment(s) to its Articles of Incorporation:	6, Florida Statutes, this 1	Florida Profit Corporation adop	ts the following
If amending name, enter the new name of	f the corporation:		
			The new
me must be distinguishable and contain in previation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	designation "Corp," "In	c," or "Co". A professional co	!" or the rporatio <del>n</del>
Enter new principal office address, if appincipal office address <u>MUST BE A STREE</u>	licable: TADDRESS)		
	<del></del>		
Enter new mailing address, if applicable (Malling address MAY BE A POST OFFICE			
If amending the registered agent and/or r		in Florida, enter the name of th	<u>e</u>
new registered agent and/or the new regis	stered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changing	ng Registered Agent:		
ereby accept the appointment as registered a	gent. I am familiar with	and accept the obligations of the	position.
		•	
	ignature of New Register	od Agent if changing	

10/30/2013 16:27 FAX 5614780567 DALIA ACCOUNTING SVC (H130002397053)

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>	Name	Address	Type of Action
VP	JAIME VASQUEZ	14470 PALM BEACH POINT BLVD, WELLINGTON, FL 33414	☐ Add ☑ Remove
<del></del>			☐ Add ☐ Remove
	<del></del>		
(whach data)	ional sheets, if necessary). (Be specific		
provisions	idment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of issort contained in the amendment in	ued shares, tself:

## (H130002347053)

The date of each amendmen	t(s) adoption: 1	0/29/2013		
Effective date if applicable:	10/29/2013	(date of adoption is required)		
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CI	HECK ONE)		
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s approval.		
		he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):		
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval		
by				
	(voting group)	······································		
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder		
Dated	10/30/2	0/3		
Signature -	1100	/*		
sel	ected, by an inco	ident or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)		
		JAIME VASQUEZ		
	(T)	yped or printed name of person signing)		
		VICE PRESIDENT		
	(Title	of person signing)		