

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

OCEAN STPES 205 CORP.

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Corporate Filing Menu

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August 25, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

OCEAN STPES 205 CORP. 100 LINCOLN RD. # 1248B MIAMI BEACH, FL 33139

SUBJECT: OCEAN STPES 205 CORP.

REF: P04000171880

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please show title for Pedro Barcelo. He must be listed as an officer/director of the corporation.

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) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H09000188500 Letter Number: 009A00028673

P.O BOX 6327 - Tallahassee, Florida 32314

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## Articles of Amendment

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Articles of Incorporation ٥f

5+pes 205 (Name of Corporation as currently filed with the Florida Dept. of State) P04600171880 (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: steps name must be distinguishable and contain the word "corporation," company," or "incorporated" or the abbreviation "Carp.," "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 applicables (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: New Registered Office Address. (Florida street address) . Florida (City) (Zio 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.

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Signature of New Registered Agent, if changing

removéd i	and title, name, and address of each	Officer and/or Director being	officer/director being added:
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The date of each amendment(s) adoption:  August 21, 2009  Chart of daption is required:  August 21, 2009  (no more then 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The supendment(s) was/were adopted by the shareholders. The number of votes east 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 emitted to vote separately on the unendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
hy'"
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.
Signature  (Ry a director, president or other officer - if directors or officers have not been sulcetted, by an incorporator - if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)  (Title of person signing)

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