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er the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MATTHEWS STABLES, INC.

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2/16/2016

COVER LETTER

TO: Amendment Section Division of Corporations MATTHEWS STABLES, INC. NAME OF CORPORATION: P05000085566 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JULIANA B. LOPEZ Name of Contact Person **FOWLER RODRIGUEZ LLP** Pirm/ Company 355 ALHAMBRA CIRCLE, SUITE 801 Address CORAL GABLES, FLORIDA 33134 City/ State and Zip Code JLOPEZ@FRFIRM.COM B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _)_364-8407 JULIANA B. LOPEZ Area Code & Daytime Tolephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Foe □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Foe Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Molling Address

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, PL 32301

Articles of Amendment to Articles of Incorporation of 16 MAR - 4 PM 3: 11

SECRETARY OF STATE MATTHEWS STABLES, INC. (Name of Corporation as currently filed with the Florida Dent. of State P05000085566 (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 corneration: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Ca.," or the designation "Corp." "Inc," or "Co" A professional corporation name must contain the ward "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable; (Principal office address MUST BR A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing oddress <u>MAY BB A POST OFFICE HOX)</u> D. If amonding the registered agent analor registered office address in Florida, enter the name of the new registered agent and/or the new registered office pildress: Name of New Registered Agent (Florida street address) New Rouistered Office Address: . Florida (CIb) 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

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, Sully Smith is named the Y 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.

X Change	PT i	Islut Dos	
X Remove	y 1	Mike Jones	
_X A dd	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VD	MARK D. RICH	355 Alhambra Circle
X_Add			Suite 801
Remove			Coral Gables, Florida 33134
2) Change	D S	ELIZABETH JANE LEHR	c/o 355 Alhambra Circle
X Add			Suite 801
Remove			Corel Gables, Florida 33134
3)Change	 -		
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			<u> </u>
Remove			
5)Change	<u> </u>		·············
Add		,	<u> </u>
Remove			
6) Change			
Add			
Remove			

(Attac	ending or odding additional Articles, sufer change(s) here: h additional sheets, if necessary). (Be specific)
,	
	·
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If gn i prov	unomingut provides for an exchange, reclassification, or cancellation of issued stinues. Island for implementing the antendment if not contained in the amendment itself: If not applicable, indicate N/A)

	· · · · · · · · · · · · · · · · · · ·

The date of each amendment date this document was signed.	(s) adoption:	if other than the
Effective date if applicable:	Docember 31, 2015	
A BUINGSUIL	(no more than 90 days after amendment file date)	
Note: If the date inserted in it document's effective date on the	this block does not meet the applicable statutory filing requirements, this no Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The emendment(e) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amandment sufficient for approval.	ut(\$)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following state d for each voting group entitled to wote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(a) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareho	lder .
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
	nber 31, 2015	
Doled Signature	Van Marx	
(B	y a director, president or other officer—if directors or officers have not beclected, by an incorporator—if in the hands of a receiver, trustee, or other copointed fiduciary by that fiduciary)	
	IAN VICTOR MATTHEWS	
	(Typed or printed name of person signing)	
	SOLE DIRECTOR	
	(Title of person signing)	