

PD5000093558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

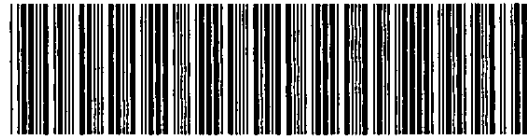
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2012 AUG 22 PM 12:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2012

BRICKELL SMITH
BOB FINANCIAL SERVICES, INC.
201 ALHAMBRA CIRCLE, SUITE 104
CORAL GABLES, FL 33134

SUBJECT: BOB FINANCIAL SERVICES, INC.
Ref. Number: P05000093558

We have received your document for BOB FINANCIAL SERVICES, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 812A00019440

2012 AUG -9 AM 10:15

TO AGENCY OF FILING
SUFFICIENCY OF FILING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BOB Financial Services Inc.

DOCUMENT NUMBER: P050000093558

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

Please return all correspondence concerning this matter to the following:

Brickell Smith
Name of Contact Person

BOB Financial Services Inc.
Firm/ Company

201 Alhambra Circle Suite 104
Address

Coral Gables FL 33034
City/ State and Zip Code

brickell.smith@bankbahamas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brickell Smith at (305) 446 6165
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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing 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, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

BOB FINANCIAL SERVICES, INC.

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

P05000093558

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|---------------|-----------------------------|-----------------------|
| 1) <input type="checkbox"/> Change | <u>D</u> | <u>Beverley Farquharson</u> | <u>P.O Box N-7118</u> |
| <input type="checkbox"/> Add | | | <u>Nassau, NP</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>Bahamas</u> |
| 2) <input type="checkbox"/> Change | <u>D</u> | <u>Renee Davis</u> | <u>P.O Box N-7118</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Nassau, NP</u> |
| <input type="checkbox"/> Remove | | | <u>Bahamas</u> |
| 3) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 4) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 5) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |
| 6) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 1 July 2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

☐ 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 8-22-2012

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)

VAUGHN W. F. DELANEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)