

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000038937 3)))



H080000389373ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from page. Doing so will generate another cover sheet.

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 13 AM 10:13

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN

COHEN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
2008 FEB 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amnd
SL

Electronic Filing Menu

Corporate Filing Menu

Help

2-14-08

Articles of Amendment
to
Articles of Incorporation
of

H08000038937

COHEN, INC.

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

P05000148370

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

CHANGE REGISTERED AGENT TO:

HENRY COHEN

4800 N. FEDERAL HIGHWAY, D 108

BOCA RATON, FL 33431

OFFICER/DIRECTOR DETAIL - ADD

LAWRENCE W. MODENA

4800 N. FEDERAL HIGHWAY, D 108

BOCA RATON, FL 33431 - AS VICE PRESIDENT

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

H08000038937

FILED
2008 FEB 13 AM 10:13
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

H08000038937

The date of each amendment(s) adoption: FEBRUARY 13TH, 2008

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

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


☐ The amendment(s) was/were approved 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.

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)

HENRY COHEN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35

H08000038937

The name and the Florida street address of the registered agent are:

HENRY COHEN
4800 N. FEDERAL HIGHWAY, D 108
BOCA RATON, FL 33431

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certification. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature