

10/24/2014 10:50:04 From To: 8506176380

( 1/7 )

Division of Corporations

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**P08000027153**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

**\*RE SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

date of submission 10/1

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WAYNE R ROSEN, CPO, CPED, P.A.**

File  
10/11/14

Certificate of Status	0
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October 2, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

WAYNE R ROSEN, CPO, CPED, P.A.

9921 PINES BLVD.

PEMBROKE PINES, FL 33024US

SUBJECT: WAYNE R ROSEN, CPO, CPED, P.A.

REF: P08000027153

**\*RE-SUBMIT\***

*Phone to John - 10/1/14  
Out of office 10/1/14*

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

Please mark the appropriate box indicating whether or not WAYNE R. ROSEN is being changed, added or deleted on page 2 of 4 of the amendment.

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.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H14000230287  
Letter Number: 714A00021126

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WAYNE R ROSEN, CPO, CPED, P.A.

DOCUMENT NUMBER: P08000027153

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

Please return all correspondence concerning this matter to the following:

RICHARD R. GINGRAS

Name of Contact Person

WAYNE R ROSEN, CPO, CPED, P.A.

Firm/ Company

P.O. BOX 24128

Address

WINSTON-SALEM, NC 27114

City/ State and Zip Code

rgingras@level4oandp.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD R. GINGRAS

Name of Contact Person

at 336 , 397-2165

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

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Articles of Amendment  
to  
Articles of Incorporation  
of

WAYNE R ROSEN, CPO, CPED, P.A.

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

P08000027153

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1005, 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:

W.R. ROSEN, INC.

*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)

9921 PINE BLVD.

PEMBROKE PINES,

FL 33204

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 24128

WINSTON-SALEM, NC

27114

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:

NRAI SERVICES, INC.

1200 SOUTH PINE ISLAND ROAD

(Florida street address)

New Registered Office Address:

PLANTATION

(City)

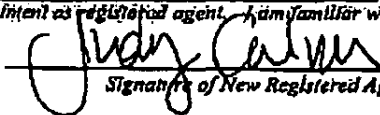
Florida

33324

(Zip Code)

New Registered Agent's Signature. If Changing Registered Agent:

*I hereby accept the appointment as registered agent, am familiar with and accept the obligations of the position.*



Signature of New Registered Agent, if changing

Judy Culyer, Assistant Secretary  
of NRAI Services, Inc.

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) ☒ Change  
☐ Add  
☐ Remove

MR

Richard R Gingras  
President

P.O. Box 24128  
WINSTON SALEM, NC  
27114-4128

- 2) ☐ Change  
☐ Add  
☒ Remove

MR:

Wayne T. Rosen  
Vice-President

9921 Pine Blvd  
Pembroke Pines, FL  
33204

- 3) ☐ Change  
☒ Add  
☐ Remove

MRS

MARBEA J Gingras  
Secretary

P.O. Box 24128  
WINSTON SALEM, NC  
27114-4128

- 4) ☐ Change  
☐ Add  
☐ Remove

- 5) ☐ Change  
☐ Add  
☐ Remove

- 6) ☐ Change  
☐ Add  
☐ Remove

[illegible]

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The date of each amendment(s) adoption: 09/19/2014, if other than the date this document was signed.

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 October 1, 2014

Signature Richard R. Gingras

(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)

RICHARD R. GINGRAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)