## P08000019578

(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ARCHITECTO	HEAL BUILDING	9 MILO DEVELOPM	YENT, INC.
DOCUMENT NUME	ER: <u>PD8000</u> 079	1578		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
A	TIU! ERIK RI	CHARD PRICE		_
		Name of Contact Person	n	
	ARCHITECTU	EAL BUILDING Firm/ Company	G MID DEVELOP	MENT, INC.
		- 2- 11.	<i>P</i>	
	1413 SE PO	Address	E BLVD.	_
	PORT ST.	LUCIE, FL	OKIOA 34952 e	_
		City/ State and Zip Cod	e	
	500105	@ Daniam	an m	
	E-mail address: (to be us	C ABDICM. 6 sed for future annual report	notification)	
		•	,	
For further information	n concerning this matter, pleas	se call:		
ERIK	R. PRICE	at ( 305	505-0073 de & Daytime Telephone Numb	
Name o	of Contact Person	Area Co	de & Daytime Telephone Numb	er er
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	ZI\$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		Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MECHITECTURAL BUILDING A	
(Name of Corporation as currently filed with the F	<u>Norida Dept. of State</u> )
P08000073	9578
(Document Number of Corporation (i	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	HOMESTEMO, FLORIDA
	33034
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1415 SE PORT ST. LUCIE BLVD.
	PORT ST. LUCIE, FLORIDA
	34952
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent ERIK R. A	PRICE
1415 SE PO. (Florida str	RT ST. LUCIE BLVD. reet address)
New Registered Office Address: PORT ST. L. (City)	UCJE Florida 3495Z (Zip Code)

I SOLING LIJU G.

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 <math>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: X Change	<u>PT</u>	John Do	<u>oe</u>			
	X Remove	У	Mike Jones				
	X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
	Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
	1) Change	VPT	_	VILICERIT	CARPENTER	1453 SOUTH LIBERTY AVE	
	Add					SUITE I, HOMESTEAD	
	Remove					FLORIDA 33034	
	2) Change	PS	_	ERIK R.	PRICE	1415 SE PORT ST. LUCIE BLVD	
	<u>✓</u> Add					PORT ST. LUCIE	
	Remove					FLORIDA 34352	
	3) Change				<del></del>		
	Add						
	Remove						
,	4) Change		_				
	Add						
	Remove						
	5) Change		_				
	Add						
	Remove					······································	
	6) Change		<del></del>				
	Add						
	Pamoua						

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	ent provides for a	b	waalaasifiaatia		ion of icourd	Laure	
sions for	implementing th	e amendmei					
if not app	olicable, indicate N	√A)					
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The date of each amendment(s) a	doption: 8/26/2012
Effective date if applicable:	
<del></del>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated <u>08/</u> /	3//2012
Signature	
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	Vincent my Carpenter
	(Typed or printed name of person signing)
	President.
	(Title of person signing)