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Amen J C.COULLIETTE

MAR 1 8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Norther	rn Pointe Group, Inc.
DOCUMENT NUMBER: P080000	090643
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
	Katherine Dominguez
1)	lame of Contact Person)
	Northern Pointe Group, Inc.
	(Firm/ Company)
1	4321 Jockey Circle North
	(Address)
	Davie, Florida 33330
•	City/ State and Zip Code)
For further information concerning this ma	atter, please call:
Katherine Dominguez	at ( 305 ) 447-9213
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  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

Articles of Amend	lment	
. to		40, 6
Articles of Incorpo	ration	ALCO TO THE PARTY OF THE PARTY
of		THE STATE OF THE S
Northern Pointe Grou		PALL AND SECRETARIAN SECRETARI
(Name of Corporation as currently filed with	the Florida Dept. of S	tate) $\%$ $\%$
_P08000090643		75.05
(Document Number of Corporat	ion (if known)	The state of the s
Pursuant to the provisions of section 607.1006, Florida Statu following amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Profi</i>	de Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>n:</u>	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable:	14321 Jockey Circle North	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Davie, Florida 33330	)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX).	14321 Jockey Circle N Davie, Florida 33330	North
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		nter the name of the
Nume of New Registerea Agent.		<del></del>
New Registered Office Address: (Flori	Registered Office Address: (Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		ept the obligations of the
Signature of New	Registered Agent if cl	hanaina

## 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)

**Type of Action** <u>Address</u> Title Name ☐ Add \_ 📮 Add ☐ Remove \_\_\_\_\_ 🗖 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of eacl	amendment(s) adoption: March 10, 2009
Effective date if	applicable: March 10, 2009
Directive date in	(no more than 90 days after amendment file date)
Adoption of Am	endment(s) (CHECK ONE)
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statemen rately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	nber of votes cast for the amendment(s) was/were sufficient for approval
by	25
•	(voting group)
action was no	
The amendm action was no	ent(s) was/were adopted by the incorporators without shareholder action and shareholder of required.
	Dated March 12, 2009
	Signature Ma
	(By a director, president to 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)
	Katherine Dominguez
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)