P0800095992

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8/12/14

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: WEST BOCA EXECUTIVE SUITES, INC. DOCUMENT NUMBER: P08000095992 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Guy Simani Name of Contact Person West Boca Executive Suites, Inc. Firm/ Company 7777 Glades Rd. Suite 100 Boca Raton, FL 33434 City/ State and Zip Code GuySimani@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Guy Simani Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2014

Guy Simani West Boca Executive Suites, Inc. 7777 Glades Rd., Suite 100 Boca Raton, FL 33434

SUBJECT: WEST BOCA EXECUTIVE SUITES, INC.

Ref. Number: P08000095992

We have received your document for WEST BOCA EXECUTIVE SUITES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

Your amendment in incomplete. Please fill out the first page of the amendment form. Put the name of the corporation in the space provided at the top of the page. Pages 3 & 4 of the amendment form are missing. I have enclosed a blank page 3 & 4 for you to fill out and return to us when you re-submit the entire document.

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.

Letter Number: 514A00015860

Annette Ramsey Regulatery, Specialist II

Articles of Amendment

to Articles of Incorporation

FILED

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West thou	a Executive s	Suites. I	n MIA AUG -7	PM 12: 50
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State) BEFELTARY	OF STATE
			TACLAHASSE	E, FLORIDA
(Document Nur	mber of Corporation (if kno	wn)		4
suant to the provisions of section 607.1006, Articles of Incorporation:	, Florida Statutes, this <i>Flori</i>	da Profit Corpo	ration adopts the fol	lowing amendmen
If amending name, enter the new name o	f the corporation:			
				The new
ne must be distinguishable and contain to orp.," "Inc.," or Co.," or the designation rd "chartered," "professional association,"	"Corp," "Inc," or "Co".	A professional	"incorporated" or l corporation name	the abbreviation must contain the
Enter new principal office address, if apprincipal office address MUST BE A STREE				
		<u> </u>		
	_			
Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFF</u>)				
	<u></u>			
	_			
If amending the registered agent and/or		n Florida, enter	the name of the	
new registered agent and/or the new reg	istered office address:			
Name of New Registered Agent			<u></u>	
	(Florida street ac	ldress)		
New Registered Office Address:	(0:4.1)		, Florida(Zip Coo	<u> </u>
	(City)		(Zip Coi	16)
w Registered Agent's Signature, if chang ereby accept the appointment as registered	ing Registered Agent:	and accept the o	bligations of the nos	ition
ereoy accept the appointment as registerea	идені. Тит јатишт мин і	та иссері те 0	ongunons of the pos	
Signate	ure of New Registered Agen	t if changing		
Jignutt	of hon negational rigen	, , , , , , , , , , , , , , , , , , , ,		

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: X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Sarah Simani	7777 Glades Rd.
Add			Suite 100
Remove			Boca Raton, FI 33434
2) Change	VP	Sarah Simani	7777 Glades Rd.
Add		- ,	Suite 100
Remove			Boca Raton, FL 33434
3) Change	CEO	Guy Simani	7777 Glades Rd.
Add			Suite 100
Remove			Boca Raton, FL 33434
4) Change	<u>P</u>	Guy Simani	7777 Glades Rd.
Add			Suite 100
Remove			Boca Raton, FL 33434
5) Change	<u>T</u>	Simon Simani	7777 Glades Rd.
Add			Suite 100
Remove			Boca Raton, FL 33434
6) Change	 		
Add			
Remove			

E. <u>If a</u>	mending or adding additional Art ach additional sheets, if necessary).	rticles, enter change(s) here:
(Atta	icu aaattionat sneets, 15 necessary).). (be specific)
	·····	
F. <u>If a</u>	n amendment provides for an exc	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
<u>pr</u>	ovisions for implementing the am (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
	(ij noi applicable, indicale N/A)	
		-
	- International Control of Contro	

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
selecte	irector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing) (Title of person signing)	
	() IIIC OF DEISON SIGNING)	