

P09000006977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

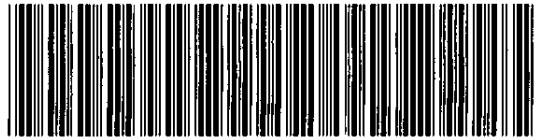
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FILED
09 APR -3 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
6/1/09
4/9/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA MITIGATION CORPORATION

DOCUMENT NUMBER: P09000006977

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

Please return all correspondence concerning this matter to the following:

Monica Gonzalez

(Name of Contact Person)

FLORIDA MITIGATION CORPORATION

(Firm/ Company)

4400 NORTHCORP PARKWAY, PALM BEACH

(Address)

PALM BEACH GARDENS, FL 33410

(City/ State and Zip Code)

For further information concerning this matter, please call:

Monica Gonzalez

(Name of Contact Person)

at (305) 798-5234

(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

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA MITIGATION CORPORATION

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

009000006977

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," "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)

4400 NORTHCORP PARKWAY
PALM BEACH, GARDENS
FL. 33410

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4400 NORTHCORP PARKWAY
PALM BEACH, GARDENS
FL 33410.

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:

Monica Gonzalez

New Registered Office Address:

4400 NORTH CORP PARKWAY

(Florida street address)

PALM BEACH GARDEN

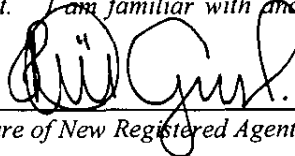
(City)

Florida 33410

(Zip Code)

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

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TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRE</u>	<u>ALFREDO N. GONZALEZ</u>	<u>572 BEACH ROAD</u> <u>TAUENIER, FL. 33070</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRE</u>	<u>MONICA GONZALEZ</u>	<u>8311 SW 142 AVE</u> <u>APT. 1209</u> <u>MIAMI FL. 33183</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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 each amendment(s) adoption: _____

03/12/09

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)

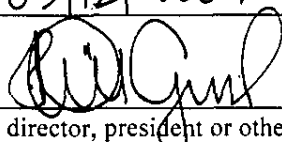
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

03/12/2009

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)

Monica Gonzalez

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)