

12/13/2013 09:28 3054166811 ADAMS GALLINAR PA PAGE 01/07
PO000022412

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : AGI REGISTERED AGENTS, INC
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

2013 DEC 13 AM 11:46
FILED
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

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

Email Address: dhernandez@agilaw.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
1450 S BAYSHORE 1712, INC.

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$35.00

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ADAMS GALLINAR PA
12/12/2013 10:22:47 AM PAGE 1/001

Fax Server

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December 12, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1450 S BAYSHORE 1712, INC.
1000 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131

SUBJECT: 1450 S BAYSHORE 1712, INC.
REF: P09000022412

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.

Mr. Robert Adams needs to sign the amendment form in the space provided at the bottom of page 4.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H13000271485
Letter Number: 413A00028254

RECEIVED

13 DEC 13 AM 8:56

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
1000 BRICKELL AVENUE, SUITE 300
MIAMI, FLORIDA 33131

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 1450 S Bayshore 1712, Inc.

DOCUMENT NUMBER: P09000022412

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

Please return all correspondence concerning this matter to the following:

Diane M. Hernandez
Name of Contact Person

Adams Gallinar, P.A.
Firm/ Company

1000 Brickell Avenue, Suite 300
Address

Miami, Florida 33131
City/ State and Zip Code

dhernandez@agilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Hernandez at (305) 416-6800
Name of Contact Person 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

2013 DEC 13 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1450 S Bayshore 1712, Inc.

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

P09000022412

(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," 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**)

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

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 _____

(Florida street address)

New Registered Office Address: _____, Florida
(City) (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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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) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DPST</u>	<u>Zobeida Lares de Holcblat</u>	<u>1000 Brickell Avenue</u> <u>Suite 300</u> <u>Miami, Florida 33131</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DPST</u>	<u>Omar de Jesus Lares Rigores</u>	<u>1000 Brickell Avenue</u> <u>Suite 300</u> <u>Miami, Florida 33131</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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The date of each amendment(s) adoption: December 4, 2013, 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 December 11, 2013

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)

Robert R. Adams, Esq.

(Typed or printed name of person signing)

Appointed Fiduciary

(Title of person signing)

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