

P09000028323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

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(Business Entity Name)

(Document Number)

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Certificates of Status

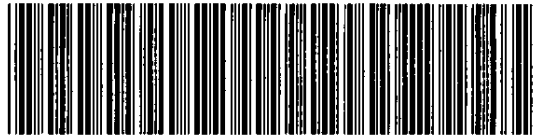
Special Instructions to Filing Officer:

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2009 SEP 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



400160358484

10/20/09--01007--015 **10.00

09/14/09--01028--001 **25.00

Amend

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 19 PM 4:31

T. Roberts OCT 20 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2009

ANDOR KOVACS
RESTORATION 1 OF BROWARD, INC.
5200 N FEDERAL HWY STE 2-1188
FORT LAUDERDALE, FL 33308

SUBJECT: RESTORATION1 OF BROWARD, INC.
Ref. Number: P09000028323

We have received your document for RESTORATION1 OF BROWARD, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 209A00030510

RECEIVED
2009 OCT 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Restoration 1 of Broward, inc

DOCUMENT NUMBER: PO9000028323

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

Please return all correspondence concerning this matter to the following:

ANDOR KOVIACS

Name of Contact Person

Restoration 1 of Broward, inc

Firm/ Company

5200 N Federal Hwy Suite 2-1188

Address

FT Lauderdale FL 33308

City/ State and Zip Code

andor1974@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDOR KOVIACS

Name of Contact Person

at (954) 633 2314

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Restoration 1 of Broward, Inc. 09 OCT 1992 PM 4:31

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

P09600028323

(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)

5200 N Federal Hwy
Suite 2-1188
FORT LAUDERDALE FL 33708

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

5200 N Federal Hwy Suite 2-1188
FT. Lauderdale FL 33308

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:

Agents and Corporations, INC
300 Fifth Avenue South Suite 101-330

New Registered Office Address:

(Florida street address)

Naples

(City)

, Florida

34102

(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 Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input 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)

N/A

The date of each amendment(s) adoption: 10/15/09
(date of adoption is required)

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 10/15/09

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)

ANDOR KOVACS
(Typed or printed name of person signing)

 / CEO
(Title of person signing)