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R. WHITE

SECRETARY OF ST TALLAHASSEE, FLI

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPOR	RATION: PINKERT 8	k MARSH, P.A.	
	BER: P1100001821		
	of Amendment and fee are sul		
Please return all corres	pondence concerning this mat	ter to the following:	
	STEVEN PINKER	RT.	
		Name of Contact Person	1
	PINKERT & MAR	<del></del>	
		Firm/ Company	
	701 BRICKELL A	VENUE, SUITE	1550
		Address	
	MIAMI, FL 33131		
	/ · · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
ani.	aleant@aleantla		
spii	nkert@pinkertlaw.	•	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Steven Pinke	ert	at (305	670-9000
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327	Amend Division Clifton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) P11000018214 (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: 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." 701 BRICKELL AVENUE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **SUITE 1550** MIAMI, FL 33131 C. Enter new mailing address, if applicable: 701 BRICKELL AVENUE (Mailing address MAY BE A POST OFFICE BOX) **SUITE 1550** MIAMI, FL 33131 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: CALRIE MARSH Name of New Registered Agent 701 BRICKELL AVENUE, SUITE 1550 (Florida street address) MIAMI New Registered Office Address: 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

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	<del> = .</del> .	_		
Add				
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3) Change		_		
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4) Change		····		
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Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
	•
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an and an analysis of the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

ne date of each amendment(s) :	adoption:	, if (
te this document was signed.		
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
option of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were acaction was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were acaction was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated 10/17/2	2013	
Signature		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	CALRIE MARSH	
	(Typed or printed name of person signing)	
	PARTNER/VP	
	(Title of person signing)	