Division of Corporations Electronic Filing Cover Sheet

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

(((H11000140715 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BALANCE WALL PORTRAITS INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

MAY 26 2011

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

5/26/2011

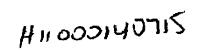
PAGE 01/05

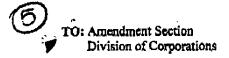
EMPIRE CORP KIT

9696889908

02/56/2011 01:23

## COVER LETTER





NAME OF CORPORATION:	ON: BALANCE WALL PORTRAITS INC.			
DOCUMENT NUMBER:	P11000029716			
The enclosed Articles of Amendment and	fee are submitted for filing.			
Please return all correspondence concerning	ng this matter to the following:			
	CARLOS HARRIOTT			
	Name of Contact Person			
BALA	ANCE WALL PORTRAITS INC			
	Pirm/ Company			
	242 NW 183 STREET			
<del></del>	Address			
	MIAMI, FL 33169			
-	City/ State and Zip Code			
TTEK@BELLSOUTH.NET  E-mail address: (to be used for future annual report notification)				
For further information concerning this me	atter, please call:			
CARLOS HARRIOTT	at ( 305 ) 653-1100			
Name of Contact Person	at ( 305 ) 653-1100  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	unt made payable to the Florida Department of State:			
S35 Filing Fee \$\text{Certificate of Status}\$	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed)  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

APACIES OF INCOMPORATION OF BALANCE WALL PORTRAITS INC

	LL PORTRAITS INC.		
(Name of Corporation as curren	atly filed with the Florida De	ot. of State)	
<u>P1</u> 10	000029716		•
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Florida</i>	a Profit Corporation adop	gaiwollof edt ate
A. If amending name, enter the new name of	the corporation:		
BALANSE WA	ALL PORTRAITS INC		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professional and the contain the cord "chartered," "professional and the contain the cont	designation "Corp," "Inc," or	"Co". A professional co	
B. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u>	cable:		-
C. Enter new malling address, if applicables (Mailing address MAY BE A POST OFFIC	E BOX)		11 M SECIA TALLA
D. If amending the registered agent and/or re new registered agent and/or the new register	ristered office address in Flo ared office address:	rida, enter the neme of t	HIAY 26 PM . CRETARY OF S AHASSEE, FL
Name of New Revistered Avent:		<del></del>	D M 2: 07 F STATE FLORID,
New Registered Office Address:	(Florida street addre:	25)	)7 E DA
_	<u> </u>	Florida	
	(Ciny)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	: Registered Agent: ent. I am familiar with and ac	cept the obligations of the	position.
Sig	mature of New Registered Age	nt, if changing	

Page 1 of 3

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)

Title	<u>Name</u>	Address	Type of Action
			_ [] Add _ [] Remove
			Add Remove
enach ada	ne or adding additional Articles, enter ditional sheets, if necessary). (Be specificational sheets)	changeast agre:	
provisio	endment provides for an exchange, recl as for implementing the amendment if a t applicable, indicate N/A)	assification, or cancellation of i	isned shares.   (teelf:

Page 2 of 3

	••		H1100014071
The date of each amendment	(s) adoption: , (data of ado	5/25 [2011 option ig required)	
Effective date <u>if applicable</u> :	(no more than 90 days after g	• • •	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. re sufficient for approval.	The number of votes cast fo	or the amendment(s)
The amendment(s) was/wes must be separately provided	e approved by the shareholders d for each voting group entitled	s through voting groups. The i to vote separately on the a	e following statement nendment(s):
"The number of votes	cast for the amendment(s) was/	were sufficient for approval	
ъу		»	
•	(voting group)		
action was not required.	re adopted by the board of direction of the state of the		
action was not required.			
Dated MAY	25, 2011	<del></del>	
Signature_C	Ment		- <u></u>
(By	a director, president or other of cted, by an incorporator - if in		
	cied, by an incorporator — it in cioted fiduciary by that fiducia		ee, or other court
	CARLO	S HARRIOTT	
	(Typed or printed	name of person signing)	
	PR	ESIDENT / Inco	rporator
	(Title of person signi	ng)	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

H11000140715