D1100000033K

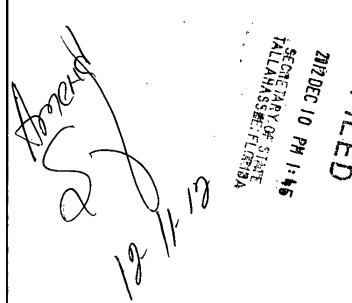
(Requestor's Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

. NAME OF CORPORATION	, WESTWAY	/ PALM BEACH	, INC.
	1100006033		
The enclosed Articles of Amer	adment and fee are su	bmitted for filing.	
Please return all correspondence	ce concerning this ma	tter to the following:	
AAR	ON COCUZ	ZO	
		Name of Contact Person	1
ACT	ONY, INC.		
		Firm/ Company	
100	EAST LINTO	N BLVD., SUIT	E # 501-A
		Address	· - · · · · · · · · · · · · · · · · · · ·
DEL	RAY BEACH	l, FL 33483	
•		City/ State and Zip Cod	e
ACTON'	YONE@GM/	AIL.COM	
E-r	nail address: (to be us	sed for future annual report	notification)
For further information concer	ning this matter, pleas	se call:	
AARON COCUZZ	0	at (561	, 843-0219
Name of Conta	ct Person		de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:
•	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		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

PALLAHASS OF STATES

WESTWAY PALM BEACH, INC.

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

P11000060334

(Document Number of Corporation (if known)

lment(s) to

A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or '	Co". A professional corporat	ated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	N/A	
D. If amending the registered agent ar new registered agent and/or the ne			e of the
Name of New Registered Agent	AARON COCUZ	ZZO	
	8568 PINION D	R	
	(Florida str	eet address)	
New Registered Office Address:	LAKE WORTH	, Florida_3	3487
<u></u>	(City)	, rondu	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regis		vith and accept the obligations	of the position.
	lanual Cocus	0	
Si	gnature of New Registered .	Igent, 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	KEVIN PILLER	915 BOLEMDER DR
Add			DELRAY BEACH, FL 33483
X Remove			
2) Change	S	CRAIG GOLDSTEIN	3681 WEST OAKLAND PARK BLVD
Add			FT. LAUDERDALE, FL 33311
X Remove			
3) Change	S	AARON COCUZZO	8568 PINION DR
X Add			LAKE WORTH, FL 33487
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter char	nge(s) here:
(Attach additional sheets, if necessary). (Be specific)	
N/A	
E If an amountment are identified from a continuous con	and the state of t
F. If an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c	cation, or cancellation of issued snares, ontained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) a	doption: DECEMBER 1	ST, 2012
Effective date if applicable:	ECEMBER 1ST, 2012	2
-	(no more than 90 da	ys after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The num	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sur	fficient for approval
by		,,,
	(voting group)	
action was not required.		out shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without	shareholder action and shareholder
Dated DECE	MBER 6TH, 2012	
Signature	MBER 6TH, 2012	_
(By a c	lirector, president or other officer –	if directors or officers have not been ads of a receiver, trustee, or other court
	AARON COCUZZO	
	(Typed or printed name	e of person signing)
	PRESIDENT	
	(Title of person sign	ing)