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COR AMND/RESTATE/CORRECT OR O/D RESIGN BOURASSA PROPERTY GROUP, INC.

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## COVER LETTER

TO: Amendment Secti Division of Corpo					
NAME OF CORPOR	ATION: BOURASSA PROF	PERTY GROUP, INC.			
DOCUMENT NUMB					
	of Amendment and fee are sul	omitted for filing.			
	pondence concerning this man				
	David B. Norris, Esq.				
		Name of Contact Perso	on		
	Cohen Norris Wolmer Ray To	elepman Berkowitz Coher	1		
		Firm/ Company			
	712 U.S. Highway One, Suite 400				
		Address			
	North Palm Beach, FL 33408				
		City/ State and Zip Co	de		
	KD@COHENNORRIS.COM	I			
	E-mail address: (to be used for future annual report notification)				
		.,			
For further information	n concerning this matter, pleas	se call:			
Karin Drakas		at ( 561	ode & Daytime Telephone Number		
Name o	of Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fcc 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

H200002427315

## Articles of Amendment to

Articles of Incorporation of

BOURASSA PROPERTY GROUP, INC.					
(Name o	f Corporation as currently	filed with the Florida Dept. c	of State)		
P12000017161					
	(Document Number of	Corporation (if known)		<del>-</del> ·	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	lorida Profit Corporation ado	pts the following	amendment	01 (s).
A. If amending name, enter the new na	me of the corporation:				
				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" of professional corporation nam	r the abbreviation ne must contain	n "Corp.," the word	
B. Enter new principal office address.	if applicable:			<del></del>	
(Principal office address MUST RE A S	TREET ADDRESS )				
			<u>;</u>	202	
			٠.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
	,				1
				<u> </u>	
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addr w registered office address	ess in Florida, enter the name	e of the	- -	
	David B. Norris, Esq.	•			
Name of New Registered Agent	712 U.S. Highway One, Su	ite 400			
	(Florida stre		·	,	
	North Palm Beach	•	33408		
New Registered Office Address:		(City)	Florida Zip C	ode)	
		(4.9)	,	,	
New Registered Agent's Signature, if c I hereby accept the appointment as regist Check if applicable	Signature of New R	egistered Agent, if changing	of the position.		
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11)	(e), F.S.			

T-686 P.04/05 F-162

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)

Example:

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 Doe	•	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sm	ith	
Type of Action (Check One)	Title	]	<u>Name</u>	Address
1) Change	PSTD		Andre R. Bourassa	206 Anhinga Lane
Add				Jupiter, FL 33458
Remove  2) Change	PSTD		Martha Jeanette Bourassa	206 Anhinga Lane
X Add				Jupiter, FL 33458
Remove Change				
Add Remove				
4) Change		<del></del>		
Add				
5) Change				·
Add Remove				
6) Change				
Add Remove				

07-24-20 04:35pm From-	HU0002427313
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	///-
N/A	
	<del>-</del>
F. If an amendment provides for an exchange, reclassification, or cancella	ation of issued shares,
provisions for implementing the amendment if not contained in the ar (if not applicable, indicate N/A)	mendment itself:
N/A	

o are at each amendmential adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	(no more than 90 days after omendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
■ The amendment(s) was/were adopted by t action was not required.	he incorporators, or board of directors without shureholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient f	he shareholders. The number of votes east for the amendment(s) or approval.
The amendment(s) was/were approved by must be separately provided for each vot	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes east for the a	mendment(s) was/were sufficient for approval
by	n
•	(voting group)
July <u>274</u> , 2020 Dated	
Simmon MA B	Care -
(By a director, p	resident or other officer - if directors or officers have not been
	incorporator - if in the hands of a receiver, trustee, or other court iary by that fiduciary)
••	Jeanette Bourassa
	(Typed or printed name of person signing)
P.0000	(1 Aben of bunga urms of herson signing)
OT21	
	(Title of person signing)