P12000043254

(Re	equestor's Name)	 _
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		}

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Triangle Pr	ofessional Buildi	ing Corp. II	
	ER: P1200004325			
	f Amendment and fee are su			
Please return all corresp	condence concerning this ma	tter to the following:		
	Samuel Shapiro			
_		Name of Contact Persor	1	
	Triangle Professi	onal Building Co	rp.	
-		Firm/ Company		
ı	6115 Stirling Rd	• •		
-	<u></u>	Address		
	Davie, FL 33314			
-		City/ State and Zip Code	2	
Sha	rpshap@aol.com	1		
		sed for future annual report	notification)	
			,	
For further information	concerning this matter, pleas	se call:		
Samuel Shap	iro	at (954	316-6626	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)	
	ing Address		Address	
	ndment Section	Amendment Section		
	sion of Corporations Box 6327		on of Corporations Building	
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporati	ion	,	
Triangle Profe	essional B	ouilding C	orp II, I	NC
(Name of Corporation as current	tly filed with the Florida D	ept. of State)	1 -	
P120	<u>) () () () (32)</u>	54		
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida</i> I	Profit Corporation adopts	s the following amendmen	t(s) to
A. If amending name, enter the new name of the	<u>ie corporation:</u>			
			The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association;" or	Corp," "Inc," or "Co". A		ed" or the abbreviation	
B. Enter new principal office address, if applic		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET A	<u>ADDRESS</u>)		- 4	
	<u></u>			:
C. Enter new mailing address, if applicable:	7 1973571			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>			
			ŧن	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		orida, enter the name o	f the	en.
Name of New Registered Agent				
	(Florida street addres	55)		
		-7		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(City)	l	Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	Registered Agent: nt. I am familiar with and	accept the obligations of	the position.	
	•	,	•	
Signature o	of New Registered Agent, if c	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	PT John	Doe	
X Remove	Y Mike	e Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Daniel Shapiro	6115 Stirling Rd.#101
X Add			Davie FI, 33314
Remove			
2) Change	Sec/Tr	Arlene Shapiro	6115 Stirling Rd.#101
X Add			DAvie FI, 33314
Remove			
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			,
Remove			- · · · · · · · · · · · · · · · · · · ·

Attach additional sheets, if necessary). (Be specific)					
<u>.</u>					
				_	
provi	amendment provides for issions for implementing if not applicable, indica	<u>the amendment if</u>	lassification, or o not contained in	ancellation of issue the amendment it	ed shares, self:
					

• • •	4
The date of each a	mendment(s) adoption: 10242012
Effective date if a	onlicable:
•	(no more than 90 days after amendment file date)
Adoption of Amen	dment(s) (CHECK ONE)
	e(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval.
	t(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment action was not re	(s) was/were adopted by the board of directors without shareholder action and shareholder equired.
The amendment action was not re	t(s) was/were adopted by the incorporators without shareholder action and shareholder equired.
I	Dated 10/24/2012
S	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)
	Samuel Shapiro Smull Shapes
	(Typed or printed name of person signing)
	President
	(Title of person signing)