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.

(((H14000231346 3)))



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

-		
	(1	•

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERV

Account Number : I20000000146

: (305)444-4994

Fax Number

: (305)444-4977

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

Email	Address:	t
	,	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## PRINT HOTELES INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



FILED.

2814 OCT -2 AM II: 18

Articles of Amendment to Articles of Incorporation ٥f

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## PRINT HOTELES INC

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

dment(s) to

F	2120000844	96	
(Document Number	er of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this F	Iosida Profit Corporation ad	lopts the following amendme
A. If amending name, enter the new name of th	ne corporation:		
•			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "C	o". A professional corpora	rated" or the abbreviation stion name must contain the
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u>	e <u>able:</u> ADDRESS )		,
C. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE	<u>8 BOX</u> )		
D. If amending the registered agent and/or reg new registered agent and/or the new registe	vistered office address:	es in Florids, enter the nan	ne of the
HOW TOEISTON ON REAL SHOPE THE BOW TOESTON			
Name of New Registered Agent			
***************************************	(Florida stre	et address)	
New Registered Office Address:		, Florida	
-	(City)		(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age	ent. I am familiar w	ith and accept the obligation	s of the position.
Clavasa	of Nov. Denisioned A.	asse (Fahanalsa	•

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	PT	<u>Iohn Doe</u>				
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	VP	RUBEN D.DAPENA	2555 COLLINS AVE			
Add			SUITE 212			
Remove			MIAMI BEACH, FL 33140			
2) Change						
Add						
Remove						
3) Change						
Add						
Remove			· · · · · · · · · · · · · · · · · · ·			
4) Change	****		_			
Add						
Remove			<del></del>			
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
		J	(= 1 speed 10)				
<del>~~</del> ~							
			<del></del>	· · · · · · · · · · · · · · · · · · ·			
	• • • • • • • • • • • • • • • • • • • •						
		· · ·					
					\- \-		
	<del></del>						···
							•
	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
<del></del>							
	******						
an amendi	mant neovid	es for an eych	inna renincel	fication, or can	asitation of G	errad shawer	
<u>provisions f</u>	<u>for impleme</u> r	nting the ame	ndment if not	contained in th	е этепфинел	t itself:	
(if not a	pplicable, in	dicate N/A)					
						<del>~~</del> ~	
		<del></del>					
				<del></del>			
		<del></del>					
	*						~~
<del></del>			<del></del>				
						<del></del>	

The date of each amendment(s) adopti	m σ9/29/2014	ife
date this document was signed.		
Eilective date if applicable;		
	(no more than 90 days after amendusms file dots)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the abarcholders was/were sufficie	by the shareholders. The cumber of votes east for the amendment(s) and for approval.	
	ed by the shareholders through voting groups. The following statement h voting group outlied to vote separately on the amendment(s):	
"The number of votes that for t	he amondment(s) was/were sufficient for approval	
by	**************************************	
	(valing group)	
Fite amendment(s) was/were adopted action was not required.	by the board of directors without shareholder setion and shareholder	
The strendment(s) was were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 09/29/2014		
Signature X		
(By a direct	tor, president or other officer If directors in officers have not been y an incorporator - If is the bands of a receiver, trustee, or other court fiductory by that fiductory)	_
	SABRINA G. RINALDI	
_	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	