

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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\*\*Enter the email address for this business entity to be used for father  $\mathcal{L}_{\mathbf{A}}$ annual report mailings. Enter only one email address please. Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN TOWER VIEW TOWNHOMES INC.

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Help

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## COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT	NUMBER: P13000007014
The enclosed A	rticles of Amendment and fee are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	PAUL J. LANE
•	Name of Contact Person
	PAUL J. LANE, ESQ. P.A.
	Firm/ Company
	7880 N UNIVERSITY DR, SUITE 200
	Address
	TAMARAC, FL 33321
	City/ State and Zip Code
	PJLEGAL@HOTMAIL.COM
	E-mail address: (to be used for future annual report notification)

PAUL J. LANE

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

▲ \$35 Filing Foe

□\$43.75 Filing Fee & Certificate of Stargs

☐\$43.75 Filing Fee &: Certified Copy (Additional copy is enclosed)

□S52.50 Filing Fee Certificate of States Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tullabassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> 68:91 pt02/81/60 30263336696

## Articles of Amendment to Articles of Incorporation of

TOWER VIEW TOWNHOM	·	We the Same of State	٠ .
P13000007014	currently filed with the	Florida Dept. of State)	
	nt Number of Corporation (	(if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Standes, this	s Florida Profit Corporation adopts the following a	mendment(s) to
A. If umending name, enter the new n	ame of the corporation:		
			же нем
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp." "Inc." or		reviation stain the
B. Enter new principal office address, if applicable:		4 WEST LAS OLAS BLVD, SUITE 201	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	FT. LAUDERDALE, FL 33301	
C. <u>Einter new muiling address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		4 WEST LAS OLAS BLVD, SUITE 201	
		FT. LAUDERDALE, FL. 33301	
D. If amending the registered agent as new registered agent and/or the ne	nd/ox registered office add w registered office addres ROLAND BRETC	551	
Name of New Revistered Avent		AS BLVD, SUITE 201	-4 _*
		vert address;	上海 子
Non Registered Office Address:	FT. LAUDERDAL	•	The Part of the Pa
. IYBW Keyistereg Office Ananeys:	(Cir,	(Zip Code)	5 m 6
•			FE
New Registered Agent's Signature, IL-c I hereby accept the appointment as regis	hanging Registered Agen	tt: with and accept the obligations of the position.	TILLED AND SO
			7.70
\$	gnature of New Registered	Agent, if changing	
<i>Y</i>	•		

Page 1 of 4

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 afficer/director title by the first letter of the office title:

P = Prasident: V = Vice President: T = Trustery; S = Secretary; D - Director: TR = Truster; C = Chairman or Clirk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one stile, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the fallowing 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 us a Change. Mike Jones. V as Remove, and Sally Smith. SV us an Add.

X Change	<u>pt</u>	John Doe	
Х Ветюча	¥	Mike lones	
And X_	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PD	PETER BURGESS	305 S. ANDREWS AVE.
Add			FT. LAUDERDALE, FL
Remove .		•	33301
2) Change	PD	GEORGE HOWARD	1150 WILSHIRE CIRCLE W
Add		, , , , , , , , , , , , , , , , , , ,	PEMBROKE PINES, FL
Remove			33027
3) Change			
Add			
Rongre			
4) Change			
☐ Add	. •		
Remove		•	
5) Change		· · · · · · · · · · · · · · · · · · ·	· ·
Add			
Remove			
6) Change			
Add			
Remove		•	

Page 2 of 4

	adding additional Ar I sheets, if necessary)	. (Be specific)			
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	•				
na amondme	nt provides for an ex	change, reclassif	ication, or cancel	lation of issued sha	TOS.
rouldons for	implementing the an licable, indicate N/A)	nendment if not i	contained in the a	niendment itself:	
(Mark and	actions indicate (4/7.)				
(if not appl					
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Page 3 of 4

<ul> <li>date of each amendment(s) ac this document was signed.</li> </ul>	labrica:	, if other than the
retive date <u>if applicuble</u> :		
<del></del> ,	(no more than 90 days after amendment file date)	
(s)ton of Amendment(s)	(CHECK ONE)	
The amondment(s) was/were ado by the shareholders was/were su	pied by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voning group)	
The amendment(s) was/were ado ection was not required.	pred by the board of directors without shareholder action and shareholder	
The unsendment(s) was/were adouction was not required.	pred by the incorporators without shareholder action and shareholder	
Dated Septemb	per 18; 2014	
· Signature		
(By a di selected	rector, president or other officer - if directors or officers have not been i, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	ww.
	PETER BURGESS	
	(Typed or printed name of person signing)	
•	PRESIDENT AND DIRECTOR.	
	(Title of person signing)	产
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		#H11:50
•		. <u> </u>
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Page 4 of 4

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