## P14000023155

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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: SEVENTH WAY CORP P14000023155 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KARRY RAINER Name of Contact Person Firm/ Company 105 N STATE ROAD 7 Address PLANTATION, FL 33317 City/ State and Zip Code SEVENTHWAYCORP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 606-0381

Area Code & Daytime Telephone Number KERRY RAINER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

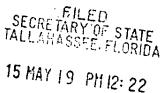
enclosed)

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

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of



SEVENTH WAY, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P14000023155 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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 <math>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 D	<u>ooe</u>			
X Remove	<u>v</u>	Mike J	Mike Jones			
X Add	<u>sv</u>	Sally S	<u>Smith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	<u>S</u>		CINTIA N PIREZ PORTELA	1037 NE 202 LANE	_	
Add				MIAMI, FL 33179	_	
X Remove					_	
2) Change			·		_	
Add						
Remove						
3 ) Change		_			- 35 - 38	
Add					- 등위	
Remove		•		P# 12: 22	= STATE PRORIDA	
4) Change	<del></del>	<del></del>			→ ``' -	
Add						
Remove					_	
5) Change		_			_	
Add		•		<del></del>	_	
Remove					_	
6) Change		_			_	
Add					_	
Remove						

The date of each amountained at a	05/11/2015	10 - A A A -
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
. 05/11	/2015 .	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	SEC ALL
☐ The amendment(s) was/were adopt action was not required.  ☐ The amendment(s) was/were adopt action was not required.  ☐ O5/112015 ☐ Dated ☐ Signature ☐ (By a displayed)	ted by the board of directors without shareholder action and shareholder bed by the incorporators without shareholder action and shareholder action and shareholder better, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	CRE MARY OF STATE LABORSET FLORIDA MAY 19 PM 12: 22
-	(Typed or printed name of person signing)	<del></del>
1	PRESIDENT	
_	(Title of person signing)	<del>_</del>