## P14000028881

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phon  | e #)        |
|                         | WAIT               | MAIL        |
| (Ві                     | ısiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
| <u> </u>                |                    |             |

Office Use Only



900261783699

07/07/14--01014--001 \*\*35.00

14 JUL -7 PH 1:57

JUL 2 2 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                            | RATION: FOREST H                            | ILLS PLAZA IN  | C  |
|---|---|--|--|
|   | BER: P1400002888                            |  |  |
| The enclosed Articles                     | of Amendment and fee are su                 | bmitted for filing.  |  |
| Please return all corre                   | spondence concerning this man               | tter to the following:   |  |
|   | NIRMAL SAWHN                                | IEY  |  |
|   | FODEST LILL S I                             | Name of Contact Person   | 1  |
|   | FOREST HILLS                                |  |  |
|   | EDA NI OCEANI DI                            | Firm/ Company  |  |
|   | 531 N OCEAN BI                              | <del></del>  |  |
|   |   | Address  |  |
|   | POMPANO BEAG                                |  |  |
|   |   | City/ State and Zip Code   |  |
| bills                                     | sahni@gmail.com                             |  |  |
|   | E-mail address: (to be us                   | ed for future annual report  | notification)  |
| For further information                   | n concerning this matter, pleas             | e call:  |  |
| NIRMAL SAV                                | VHNEY                                       | at (786  | , 291-1600   |
| Name                                      | of Contact Person                           |  | de & Daytime Telephone Number  |
| Enclosed is a check fo                    | r the following amount made p               | payable to the Florida Depa  | rtment 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) |
|   | ling Address                                |  | Address  |
| Amendment Section                         |   | Amendment Section  |  |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporations Clifton Building                          |  |
|   | ahassee, FL 32314                           | 2661 E   | xecutive Center Circle   |
|   |   | Tallaha  | ssee, FL 32301   |

## **Articles of Amendment** to **Articles of Incorporation**

| • • •  | of y and some to  |
|--|---|
| FOREST HILLS PLAZA INC   | 5% RB 7 CU  |
| (Name of Corporation as currently filed with   | th the Florida Dept. of State)  |
| P14000028881   | Far Carrier Court   |
| (Document Number of Corpor   | ration (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:  | tes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporat  | tion:   |
| N/A  | The new   |
| name must be distinguishable and contain the word "cor". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.word "chartered," "professional association," or the abbrev |   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS   | N/A   |
| C. Enter new mailing address, if applicable:   | N/A   |
| (Mailing address MAY BE A POST OFFICE BOX)   | IN/A  |
|  |   |
| D. If amending the registered agent and/or registered offi   | ice address in Florida, enter the name of the                             |
| new registered agent and/or the new registered office  |   |
| Name of New Registered Agent N/A   | <del></del>   |
| (FI  | lorida street address)  |
| Now Projections of Offices Addresses   | Florido   |
| New Registered Office Address:   | (City) , Florida (Zin Cade)   |

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 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:<br>X Change          | <u>PT</u>    | John Doe           |                         |
|-------------------------------|--------------|--------------------|-------------------------|
| X Remove                      | <u>V</u>     | Mike Jones         |                         |
| X Add                         | <u>sv</u>    | Sally Smith        |                         |
| Type of Action<br>(Check One) | <u>Title</u> | Name               | <u>Addres</u> s         |
| 1) Change                     | VP           | HOWARD ALAN WELLES | 2223 Palm Beach Lakes B |
| Add                           | _            |                    | West Palm Beach, FL     |
| Remove                        |              |                    | 33409                   |
| 2) Change                     | _            |                    |                         |
| Add                           |              |                    |                         |
| Remove                        |              |                    |                         |
| 3) Change                     |              |                    |                         |
| Add                           |              |                    |                         |
| Remove                        |              |                    |                         |
| 4) Change                     | _            |                    |                         |
| Add                           |              |                    |                         |
| Remove                        |              |                    |                         |
| 5) Change                     |              |                    |                         |
| Add                           |              |                    |                         |
| Remove                        |              |                    |                         |
| 6) Change                     |              |                    |                         |
| Add                           |              |                    |                         |
| Remove                        |              |                    |                         |

| (Attach additional sheets, if necessary). (Be specific)          |                              |
|--|------------------------------|
| /A   |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
| If an amendment provides for an exchange, reclassification, or c | ancellation of issued charac |
| provisions for implementing the amendment if not contained in    | the amendment itself:        |
| (if not applicable, indicate N/A)                                |                              |
| 00 SHARES TRANSFERRED FROM HOWARD ALA                            | AN WELLES TO                 |
| RMAL SAWHNEY   |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |

| The date of each amendment(s                          | s) adoption: 06/30/14   | , if other than the |
|---|---|---------------------|
| date this document was signed.                        | , adoption:   |                     |
| Effective date if applicable:                         | 06/30/14  |                     |
|   | (no more than 90 days after amendment file date)  |                     |
| Adoption of Amendment(s)                              | (CHECK ONE)   |                     |
| The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.   |                     |
|   | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  |                     |
|   | east for the amendment(s) was/were sufficient for approval  |                     |
| by  | (voting group)  |                     |
|   | (voting group)  |                     |
| The amendment(s) was/were action was not required.    | adopted by the board of directors without shareholder action and shareholder  |                     |
| The amendment(s) was/were action was not required.    | adopted by the incorporators without shareholder action and shareholder   | ·                   |
| Dated_07/01   | /14   |                     |
| Signature   | Vimal Sawhney   |                     |
| (By   | a director, president or other officer—If directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary) | _                   |
|   | NIRMAL SAWHNEY  |                     |
|   | (Typed or printed name of person signing)   | _                   |
|   | PRESIDENT   |                     |
|   | (Title of person signing)   |                     |