

P16000022486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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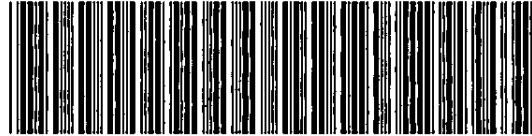
(Business Entity Name)

(Document Number)

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MAR 28 2016

R. WHITE

FILED
16 MAR 22 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LAW OFFICES
PAUL R. MARCUS
MARCUS CENTRE - PENTHOUSE ONE
9990 S.W. 77TH AVENUE
MIAMI, FLORIDA 33156-2661

PAUL R. MARCUS

Certified Family Mediator

TELEPHONE
(305) 596-2345

FAX
(305) 274-0220

E-MAIL
Paul@marcuscentre.com

March 18, 2016

DEPARTMENT OF STATE
Division of Corporations

Re: THE ROCK CENTERS/JACOB'S WELL

Gentlepersons:

I am enclosing three sets of documents:

1. Jacob's Well, Inc.: Please note that the undersigned was the incorporator, director and Registered Agent and now the undersigned is only Registered Agent. The new officer/director is Donna Isidora.
2. Fictitious Name for Jacob's Well, Inc.: Jacob's Well, Inc. has purchased the name The Rock Centers, Inc. and, thus, there is the application for a fictitious name for Jacob's Well, Inc., d/b/a The Rock Centers.
3. The Rock Centers, LLC/Change of Name: In order to sell the name, The Rock Centers, The Rock Centers, LLC is changing the name of the company to Ocean of Hearts, LLC.

Accordingly, I believe you first have to change The Rock Centers, LLC to Ocean of Hearts, LLC. Then, Jacob's Well, Inc. will be free to use The Rock Centers as a fictitious name.

If you have any questions on the enclosed, please do not hesitate to contact me directly at 305-596-2345. We would like certified copies of everything. For your ease of mailing, you can mail all of the above to me. I should also appreciate your e-mailing to me copies of the changes as outlined in your forms to me at paul@marcuscentre.com.

Thank you for your prompt attention

Very truly yours,

PAUL R. MARCUS

PRM/pa

Enc.

cc: Donna Isidora
Cindia Fenton

COVER LETTER

- **TO:** Amendment Section
Division of Corporations

NAME OF CORPORATION: Jacob's Well, Inc.

DOCUMENT NUMBER: P16000022486

The enclosed *Articles of Amendment* and fee are submitted for filing.

- Please return all correspondence concerning this matter to the following:

Donna Isidora

Name of Contact Person

Jacob's Well, Inc.

Firm/ Company

9990 S.W. 77th Avenue, Suite 204

Address

Miami, Florida 33156

City/ State and Zip Code

dr.mauren@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Isidora

Name of Contact Person

at (305)

517-3174

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

16 MAR 22 AM 11:27

JACOB'S WELL, INC.

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

P16000022486

(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:

N/A

The new 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**)

9990 S.W. 77th Avenue, Suite 204

Miami, Florida 33156

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9990 S.W. 77th Avenue, Suite 204

Miami, Florida 33156

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 N/A

(Florida street 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 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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>Paul R. Marcus</u>	<u>9990 S.W. 77th Avenue, Ph-1</u>
<input type="checkbox"/> Add			<u>Miami, Florida 33156</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Donna Isidora</u>	<u>9990 S.W. 77th Avenue, Suite 204</u>
<input checked="" type="checkbox"/> Add			<u>Miami, Florida 33156</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

- **E. If amending or adding additional Articles, enter change(s) here:**
(Attach additional sheets, if necessary). (Be specific)

N/A

- F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

03/17/2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

03/17/2016
Dated _____

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)

PAUL R. MARCUS

(Typed or printed name of person signing)

Incorporator/Director

(Title of person signing)