## 206770

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LEOFOLD KORN & LEOFOLD, P.A.

Account Number : 120010000025

Phone

: (786)899-2235

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: (305) 935-9042

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **DORAL 7 CORP INC**

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Electronic Filing Menu

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C. GOLDEN

TO: Amendment Section

## COVER LETTER

Division of Corporations	·
NAME OF CORPORATION: DORAL 7 C	CORPINC
DOCUMENT NUMBER: P17000067705	·
The enclosed Articles of Amendment and for	are submitted for filing.
Please return all correspondence concerning	his matter to the following:
JAMES D. FULFORE	) 
-	Name of Contact Person
	Firm/ Company
7971 NW 35rd Street	
Doral, FL 33122	. Address
	City/ State and Zip Code
jim@tigersbarkrealtyinc.com	n
E-mail address: (t	n be used for future annual report notification)
For further information concerning this mane	r, please call:
Terri Slachter	at (305 ) 935-3500
Name of Contact Person	Area Code & Daytime Yelephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee  \$\square\$\$\$\$\square\$\$\$\$\$\$\$\square\$	
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2017

DORAL 7 CORP INC 7971 NW 33RD STREET DORAL, FL 33312US

SUBJECT: DORAL 7 CORP INC

REF: P17000067705

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions doncerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

FAX Aud. #: H17000234408 Letter Number: 117A00018254

RECEIVED

17 SEP -5 PM # 58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALL AHAS SEPT FOR PARTIE

Articles of Amendment to Articles of Incorporation of FILED

2017 SEP -5 AM 9: 11

	- 11	V1			_
DORAL 7 CORP INC.				TATE A MARKET	ב הנוטה. מואס ברו ביו
(Name	of Corpo	ration as currently f	iled with the Florida De		
P17000067705					
······································	1 (0)	ocument Number of C	orporation (if known)		
	11		,		
Pursuant to the provisions of section 607 is Articles of Incorporation:	.1006, FI	orida Statutes, this Fla	orida Profit Corporation	adopts the following amends	nent(s) to
If amending name, enter the new n	ame of th	ie corporation:			
	ÌÌ			<b>4</b> 11	
name must be distinguishable and con	taini the	word "corporation"	' 'company " or "incor	The memoral The memoral	
"Corp.," "Inc.," or Co.," or the design	ation "C	Corp." "Inc." or "Co	". A professional corpo	portion name must contain t	he
word "chartered," "professional associa	tion," or	the abbreviation "P.,	A."		
	- 11				
8. Enter new orincipal office address.			<del></del>		_
Principal office address <u>MUST BE A S</u>	TREET.	ADDRESS )			
	14				-
			·	<del> </del>	-
Enter new mailing address, if appl	icable:				
(Mailing address MAY BE A POST.	<u>OFFICE</u>	<u>: BOX</u> )			_
	-		<del></del>	· .	-
	]]				-
). If amending the registered agent ar	d/or reg	istered office addres	s in Florida, enter the n	ame of the	
new registered agent and/or the ne			<u> </u>	<del></del>	
Name of New Registered Agent	JAMES	D. FULFORD			
Hume of New Next Merchaness Agent	2071 31	D1! 22#4 Chara			
	13/11/	TW 33rd Street		<del></del>	
		(Floridà street	address)		
New Registered Office Address:	Doral			Florida 33122	
	— li	(C)	iŋ)	(Zip Code)	-
			•		
lew Registered Agent's Signature, if c		The also also a			
hereby accept the appointment as regist	ered nee	Registered Agent:	h and accept the phlicati	one of the earlylon	
		no rempennice na	ona accept the obligation	ль <b>о</b> ј те розион.	
	- 11	/ /			
		(//.	//		
	<u>. !!</u> 	Contraction of the second	in the second second		
	المنتسر	Samurate de Diesa Kedi	istered Agent, if changing	3	
		/ '			
	رين اا				

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: XChange	<u>PT</u>	John Do	<u> </u>	
X Remove	<u>v</u>	Mike Jor	  es 	
_X Add	<u>sv</u>	Sally Sm	 <u>jth</u>  -	
Type of Action (Check One)	<u>Title</u>		 <u>Name</u> 	Address
1) Change	P		ERIN WESTMORELAND	7971 NW 33rd Street
Add				Doral, FL 33122
X Remove				
2) Change	P		JAMES D. FULFORD	7971 NW 33rd Street
X Add				Doral, FL 33122
Remove				<del></del>
3)Change		_		<u> </u>
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		_
Add				
Remove				
6) Change				
Add				
Remove				

<ol> <li>If amounting or adding additional Arti (Attach additional sheets, if necessary).</li> </ol>	nes, enter change(s) here:   (Be specific)
N/A	
	<u> </u>
	<u> </u>
. If an amendment provides for an exch	Buge. reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	11

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amena	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records,	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	ast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups.  Inust be separately provided for each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for app	roval
by	**
(Voting group)	
The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	er action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	tion and shareholder
AUGUST 30, 2017	
Dateo	
Signature	
(By a director, prosident or other officer — if directors or selected by an incorporator — if in the bands of a receive appointed fiduciary by that fiduciary)	officers have not been at, trustee, or other court
JAMES D FULFORD	
(Typed or printed name of person sign	uing)
PRESIDENT	
(Title of person signing)	
<b>\</b>	