



THE UNITED STATES
CORPORATION
COMPANY

P9400070860

ACCOUNT NO. : 072100000032

REFERENCE : 576811 4306827

AUTHORIZATION : Patricia Pappas

COST LIMIT : \$ 35.00

ORDER DATE : October 24, 1997

ORDER TIME : 10:48 AM

ORDER NO. : 576811-010

CUSTOMER NO: 4306827

CUSTOMER: Ms. Judy Hoodiman
Abrams Anton Robbins Resnick &
2021 Tyler Street

Hollywood, FL 33022

FILED
OCT 24 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5000023205--0

DOMESTIC AMENDMENT FILING

NAME: SSP, INC.

EFFECTIVE DATE: 10/22/97

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

JO
OCT 24 PM 12:11
OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA
KLG 10/24

ARTICLES OF AMENDMENT TO
SSP, INC.

CHANGE OF NAME TO
S.P. OF BOCA RATON, INC.

Pursuant to the provisions of Section 607.1006, Florida Statutes, this corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The Articles of Incorporation are hereby amended as follows

ARTICLE I
NAME

The name of the corporation is:

S.P. OF BOCA RATON, INC.

2. This Amendment is adopted as of the 22nd day of Oct., 1997.

3. The Amendment was adopted at a meeting of Shareholders and Directors by a majority vote of the directors and shareholders to amend the Articles of Incorporation, as set forth in the By-Laws. The number of votes cast for the Amendment was sufficient for approval.

Signed this 22nd day of Oct., 1997.


Sheila Poskanzer, sole Shareholder


David Poskanzer, President and
sole Director

FILED
97 OCT 24 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



THE UNITED STATES
CORPORATION
COMPANY

P 940000 70860

ACCOUNT NO. : 072100000032

REFERENCE : 576811 4306827

AUTHORIZATION : Patricia Pappas

COST LIMIT : \$ 1080.00

ORDER DATE : October 24, 1997

ORDER TIME : 10:43 AM

ORDER NO. : 576811-005

CUSTOMER NO: 4306827-7

CUSTOMER: Ms. Judy Hoodiman
Abrams Anton Robbins Resnick &
2021 Tyler Street

Hollywood, FL 33022

FILED
97 OCT 24 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

SSP
NAME: ~~S.P. OF BOCA RATON, INC.~~

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS

97 OCT 24 PM 12:11
RECEIVED
10/24/97

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Division of Corporations

DOCUMENT # P94000070860

1 Corporation Name
SSP, INC.

Principal Place of Business Mailing Address
701 E. Camino Real, #1J
Boca Raton, FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

5 FEI Number

☒ Applied For

☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P D	David Poskanzer	701 E. Camino Real, #1J	Boca Raton, FL 33432

8. Name and Address of Current Registered Agent

Scott Orth, Esq.
2021 Tyler Street
Hollywood, FL 33020

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

10/21/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

561-
416-6084

CR2E040 (12/96)