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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. LEMIEUX

COVER LETTER

Division of Corporations NAME OF CORPORATION: Broadway West, Inc. DOCUMENT NUMBER: P94000086986 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Deb Henderson** Name of Contact Person National Development of America, Inc. Firm/ Company 12791 World Plaza Lane, Building 89 Address Fort Myers, Florida 33907 City/ State and Zip Code dhenderson@national-development.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Deb Henderson** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Broadway West, Inc.		
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
P94000086986		
(Document Number of Corporation (f known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corporation:		
	_	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name mus	
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 add new registered agent and/or the new registered office address		
Name of New Registered Agent	-	
Name of New Registered Agem		
(Florida st	reet address)	
New Registered Office Address:	. Florida	
(City,	· · · · · · · · · · · · · · · · · · ·	
New Registered Agent's Signature, if changing Registered Agen		
New Registered Agent's Signature, it changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		1 .
		1 100 —*
Signature of New Registered	Agent, if changing	% 7 ⊗ 8
	<u> </u>	

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.

<u>X</u> Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VSTD	Eric C. Miller	12791 World Plaza Lane
Add			Building 89
X Remove			Fort Myers, FL 33907
2) Change	VSTD	Eric C. Miller Revocable Trust	12791 World Plaza Lane
X Add			Building 89
Remove			Fort Myers, FL 33907
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Art il sheets, if necessary).	(Be specific)	syntere.	
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<u>If an amendmen</u>	nt provides for an exc implementing the am	hange, reclassificat endment if not cont	ion, or cancellation of ained in the amendme	issued shares, nt itself:
provisions for i				
provisions for i (if not appli	icable, indicate N/A)			
provisions for i (if not appli	icable, indicate N/A)			
provisions for i (if not appl	icable, indicate N/A)			
provisions for i (if not appli	icable, indicate N/A)			
provisions for i (if not appli	icable, indicate N/A)			
provisions for i	icable, indicate N/A)			

The date of each amendm	ent(s) adoption: August 6, 2012
Effective date if applicable	
	(no more many value allowed and
Adoption of Amendment(s) (CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	were adopted by the board of directors without shareholder action and shareholder
action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	8/6/12
Signature	8/6/12 Le Min
	(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)
	Eric C. Miller
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)