P95000069573

| Req | uestor's Name) | |
|---|------------------|-----------|
| bbA) | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phone | → #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | Parkway Hammocks, I | nc. | |
|----------------------|--|---|---|--|
| DOCUMENT NU | JMBER: | P95000069573 | · | |
| The enclosed Artic | cles of Amendment and fee | e are submitted for filing. | | |
| Please return all co | orrespondence concerning t | this matter to the following: | | |
| | | Michele M. Lenoff | | |
| | | Name of Contact Person | | |
| | Lenoff and Lenoff, P.A. | | | |
| | | Firm/ Company | | |
| | 1761 West Hillsboro Blvd #405 | | | |
| | | Address | | |
| | | erfield Beach, FL 33442 | | |
| | | City/ State and Zip Code | | |
| | E-mail address: (to be u | nele@Lenoff.com sed for future annual report notification) | | |
| For further inform | ation concerning this matte | r, please call: | | |
| М | ichele M. Lenoff | at (954)4 | 27-9500 | |
| Name | of Contact Person | Arca Code & Daytime Te | lephone Number | |
| Enclosed is a chec | k for the following amount | made payable to the Florida Depart | 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) | |
| P.O. Box 6 | nt Section Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ | le | |

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

| Articles of Inc. of | , Inc. the Florida Dept. of State Care Allanda Ph 2: 16 | |
|---|--|--|
| Parkway Hammocks | , Inc. 10 NOV 10 | |
| (Name of Corporation as currently filed with | the Florida Dept. of States Company | |
| P95000069573 | ion (if known) | |
| (Document Number of Corporat | ion (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Status amendment(s) to its Articles of Incorporation: | •* | |
| A. If amending name, enter the new name of the corporation | <u>n:</u> | |
| | The new | |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association". | orp," "Inc," or "Co". A professional corporation | |
| B. Enter new principal office address, if applicable: | 1761 West Hillsboro Blvd #405 | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Deerfield Beach, FL 33442 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1761 West Hillsboro Blvd #405 | |
| | Deerfield Beach, FL 33442 | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: (Flori | da street address) | |
| | , Florida (Zip Code) | |
| (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami | gent: | |
| поссоу ассері те арротітет из registerea agent.—1 ат јаті | на жин апа ассері іне ориданопѕ ој іне роѕіноп. | |
| | | |

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) Name Title **Type of Action** Address ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

| The date of each amendment | (s) adoption: |
|--|---|
| * , , , | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/web by the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemend 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/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 1/11/10 DOB 1/+ |
| sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | President (Title of person signing) |