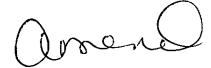
P97000084205

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

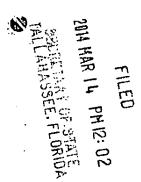
Office Use Only



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3/18/14



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2014

Joseph E. Maguire Rosen Property Group Inc. 7860 Glades Road, #220 Boca Raton, FL 33434

SUBJECT: ROSEN PROPERTY GROUP, INC.

Ref. Number: P97000084205

We have received your document for ROSEN PROPERTY GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Annette Ramsey Regulatory Specialist II

Letter Number: 414A00004710

IL HAR 13 AN 10: 08

Artic	les of Amendm	_	5 0	
Article	to s of Incorporat		_ED	
ROSEN PROPER	of	2014 KAR 14	PM 12: 02	
(Name of Corporation as currently filed wi	th the Florida L	ept. of State) HASS	TO STATE	-
P970000 8	14702	Pept. of State AHASSI	CELL FORIDM	र्स ं
(Document Number of Corpo				-
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida</i>	Profit Corporation add	opts the following	g amendment(s) t
A. If amending name, enter the new name of the corpora	tion:			
				The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	c," or "Co". A			
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 off new registered agent and/or the new registered office Name of New Registered Agent		lorida, enter the nam	e of the	-
	lorida street addre	ss)		,
Nav. Paristanad Office Address:		Florida		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	-
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		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 I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VPD	ASHLEY MALLILE	15675 BELLANCA LANE
Add			WELLINGTOW, FL 33414
Remove			
2) Change	TO	KAREN GIORDANO	7860 GLASES ROAS # 220
Add			BOLA RANDO, FL 33434
Remove 3) Change	50	WILLIAM J. DOHERTY	7860 GLANES ROM, #220
Add	<u> </u>	0000	BOCA RANJ, PL 33434
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	(Be specific)	
-		
 		
		
n amendment provides for an exch	nange, reclassification, or cancellation of issued sh	ares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y not appricable, mateure 1971)		
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,		

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)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2-27-14 Signature Haren London	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	,
(Typed or printed name of person signing)	
(Title of person signing)	,