Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000276183 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SEIDEN, ALDER, MATTHEWMAN & BLOCH

Account Number: I20060000136

: (561)416-0170

Fax Number : (561)416-0171

COR AMND/RESTATE/CORRECT OR O/D **RESIGN**

SEIDEN, ALDER, MATTHEWMAN & BLOCH, P.A.

T. Robers W.C.

https://efile.sunbiz.org/scripts/efilcovr.exe

12/18/2008

Division of Corporations

Page 2 of 2

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Seiden, Alder, Matthewman & Bloch, P.A. | | | |
|--|--|---|---|
| DOCUMENT | NUMBER: <u>P98000039026</u> | · · · · · · · · · · · · · · · · · · · | <u>_</u> |
| The enclosed | Articles of Amendment and fee are | submitted for filing. | |
| Please return | all correspondence concerning this | matter to the following: | |
| | Theresa Rey | | |
| | (Name of c | Contact Person) | |
| • | Seiden, Alder, Matthewmar | a & Bloch, P.A. | |
| | (Firm/ | Company) | |
| | 7795 NW Beacon Square Bl | vd., Suite 201 | |
| | (A | ddress) | |
| • | Boca Raton, Florida 334 | 87 | |
| | (City/ State | and Zip Code) | |
| For further inf | ormation concerning this matter, pl | ease call: | |
| Theresa Rey at (561) 416-0170 | | | |
| (Name of Contact Person) | | (Area Code & Daytime T | elephone Numb er) |
| Enclosed is a | check for the following amount mad | le payable to the Florida Depa | rtment of State: |
| X\$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) |
| Ameno Divisio P.O. B | g Address Iment Section on of Corporations ox 6327 assee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | cle |

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

08 DEC 18 AM 10: 50

| Seiden, Alder, Matthewman & Bloch, P.A. |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P98000039026 |
| (Document Number of Corporation (if known) |

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

| The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation name association," or the abbreviation "P.A." | " "Inc.," or Co., | " or the designation "C | orp," "Inc," or |
|--|---|--|-------------------|
| B. Enter new principal office address, if ap | plicable: | 7795 NW Beacon | Square Blvd. |
| (Principal office address MUST BE A STR | | Suite 201 | |
| | | Boca Raton, Florid | la 33487 |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.) | | | |
| D. If amending the registered agent and/or new registered agent and/or the new reg | | | r the name of the |
| Name of New Registered Agent: | Andrew Seide | en | |
| New Registered Office Address: | *************************************** | acon Square Blvd., la street address) | Suite 201 |
| • | Boca Raton | | , Florida 33487 |
| • | | (City) | (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

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)

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---|--|----------------|
| <u>D</u> | Andrew Seiden | 7795 NW Beacon Square Blvd., Suite 201 Boca Raton, Florida 334 | ☐ Remove |
| <u>D</u> | Andrew Seiden | 2300 Glades Rd., West Tower, #340 Boca Raton, Florida 3343 | Add Remove |
| D | Wayne Alder | 7795 NW Beacon Square Blvd., Suite 201 Boca Raton, Florida 334 | Add Remove |
| | g or adding additional Articles, enter control of the specific onal sheets, if necessary). (Be specific | | |
| | | | |
| provisions | dment provides for an exchange, recla for implementing the amendment if no pplicable, indicate N/A) | | |
| | | | |
| | | | |
| | | 2.52 | |

Page 2 of 3

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)

| <u>Title</u> | Name William Matthewman | Address 7795 NW Beacon Squar Blvd., Suite 201 | Type of Action Add Remove |
|--------------|---|--|-----------------------------|
| <u>D</u> | Wayne Alder | Boca Raton, Florida 334 2300 Glades Rd., West Tower, #340 Boca Raton, Florida 334 | Add Remove |
| <u>D</u> | William Matthewman | 2300 Glades Rd., West Tower, #340 Boca Raton, Florida 33 | □ Add □ Add □ Add |
| | g or adding additional Articles, enter tional sheets, if necessary). (Be specif | | |
| | | | |
| | | | |
| | | | |
| provisions | ndment provides for an exchange, recl for implementing the amendment if napplicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

Page 2 of 3

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)

| <u>Title</u> | Name | Address | Type of Action |
|---|--|--|----------------|
| <u>D</u> | Brett Bloch | 7795 NW Beacon Square Blvd., Suite 201 Boca Raton, Florida 334 | ☐ Remove |
| <u>D</u> | Brett Bloch | 2300 Glades Rd., West Tower, #340 Boca Raton, Florida 3343 | Add Remove |
| *************************************** | | | Add Remove |
| (attach addit | ional sheets, if necessary). (Be specifi | c) | |
| provisions (if not a | dment provides for an exchange, recla for implementing the amendment if na applicable, indicate N/A) | essification, or cancellation of isso | ued shares, |
| N/A | | | |
| | | | |
| | | | |

Page 2 of 3

| ٠, | (((H08000276183 3))) |
|--------------|---|
| The date of | of each amendment(s) adoption: 12/18/08 |
| Effective of | late if applicable: (no more than 90 days after amendment file date) |
| Adoption | of Amendment(s) (CHECK ONE) |
| | endment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s shareholders was/were sufficient for approval. |
| | endinent(s) was/were approved by the shareholders through voting groups. The following stateme separately provided for each voting group entitled to vote separately on the amendment(s): |
| "T | he number of votes cast for the amendment(s) was/were sufficient for approval |
| by | |
| | endment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required. |
| | endment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required. |
| | Dated 12) 18/08 |
| | Signature (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) |
| | (Typed or printed name of person signing) |
| | Dicetor (Title of person signing) |