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SECRETARY OF SIAIL DIVISION OF CORPORATIONS

IIOV 1 3 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Mr. Grab Bar, Inc. DOCUMENT NUMBER: 99900035636
DOCUMENT NUMBER: 999000 35636
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Howard Cohen Name of Contact Person Mr. Grab Bar, Inc. Firm/Company 999 Yanderbilt Beach Rd #200 Address
Naples, FL 34108 City/ State and Zip Code howard @mranbbar, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Howard Cohen at 239, 514-4722 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIVISIONE TA	RY OF STATE
12 NOV-	COMPORATE
12 NOV-9	AM 11: 56

Mr. Grab Bar Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 990000 35636

(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P:A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
	Naples, FL 34108
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	2000 <u>999 Yanderbitt Beach</u> R
	Suite 200 Naples, FL 34108
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
	•
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	
i hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Size :	lan Paristand American
Signature of N	lew 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)

Remove

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	<u>PT</u> <u>J</u>	<u>ohn Doe</u>	
X Remove	<u>V</u> <u>N</u>	∕like Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u> _	Anita C. Cohen	2861 Hafferas W
X Add			Naples, FL 3419
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			



	ding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
<u>, </u>	
•	
n amendment	provides for an exchange, reclassification, or cancellation of issued shares,
ovisions for im	plementing the amendment if not contained in the amendment itself: able, indicate N/A)
(ij noi applici	iole, mulcule IVA)

The date of each amendment(s) ad	option:
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
The amendment(s) was/were ado action was not required. Dated	pted by the incorporators without shareholder action and shareholder
(By a di selected	irector, president or other officer – if directors or officers have not been alloy an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)
•	(Typed or printed name of person signing) POSSIDEN.
•	(Title of person cigning)