## 601054

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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: GERSON, PREST	TON, ROBINSON, KLEIN, LIPS & EISENBERG, P.A.				
DOCUMENT NUN	1BER: 601054					
	es of Amendment and fee are s	ubmitted for filing.				
Please return all cor	respondence concerning this ma	atter to the following:				
	Deborah '	Thomas				
		Name of Contact Person	,			
	GERSON, PRESTON, ROBINSON, KLEIN, LIPS & EISENBERG, P.A.					
	· ·	Firm/ Company	,			
	4770 Biscayne Boulevard, Suite 400					
		Address	,			
	Miami, FL 33137					
		City/ State and Zip Code				
	dt@gprc	o-cpa.com				
<del></del>	E-mail address: (to be u	sed for future annual report notification)				
For further informati Deborah Thomas	on concerning this matter, plea	ase call: at (305868-3600				
Name	e 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	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee  Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building				

## Articles of Amendment to Articles of Incorporation of

GERSON, PRESTON, ROBINSON, KLEIN, LIPS & EISENBERG, P.A.

(Name of Corporation	as currently filed with the Florida Dept. of State)	
601054		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen	t(s) to
A. If amending name, enter the new name of the corp	poration:	
GERSON, PRESTON, ROBINSON, KLEIN, LIPS, EIS	SENBERG, & GELBER, P.A.  The new	
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the observiation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDREST ADDRE	PEGG)	
(Frincipul Office unuress MOST BE A STREET ADDR)	Tr (ii 🖨	
	**************************************	0 <b>1</b> ·
	B AAAAA	.go
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N స్టోస్ట్ N	,
(Mutting undress MAT BE A FOST OFFICE BOX)		
		*
	28	
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the	
new registered agent and/or the new registered of		
Name of New Registered Agent		
Nume of New Registered Agent		
·····	(Florida street address)	
New Registered Office Address:	, Florida (City) (Zip Code)	
	(=-9)	
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I d	am familiar with and accept the obligations of the position.	
Signati	ure 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.

X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	Partne	r —	Clifford S. Gelber, CPA		4770 Biscayne Boulevard	
X Add					Suite 400	
Remove					Miami, FL 33137	
2) Change		_		_		
Add						
Remove						_
3) Change		_		_		
Add						_
Remove				,		
4) Change		_		_		
Add						
Remove						
5) Change		_				
Add		_				
Remove						
<del></del>						
6) Change						_
Add						
Remove						

E. ]	If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). '(Be specific)
'	Attach diddhondi 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 this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment f	île date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The j must be separately provided for each voting group entitled to vote separately on the an	following statement nendment(s):
"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 action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d shareholder
Dated Fashury 17, 2016 Signature	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus	
appointed fiduciary by that fiduciary)	ice, or other court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	

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4770 BISCAYNE BOULEVARD
SUITE 400
MIAMI, FL 33137 City National - Checki **Dues and Subscriptions** P.O. BOX 6327 REGISTRATION SECTION **DIVISION OF CORPORATIONS** TALLAHASSEE, FL 32314 115 T B C O 11 1.0660043671 Corporate Name Change 11 - -7 Jewa a 108 ex 3031342766 CITY NATIONAL BANK OF FLORIDA 300 SEVENTY FIRST STREET MIAMI BEACH, FL 33141 63-436/660 3 2/18/2016 \$\*\*35.00 2/18/2016 28412 28412 35.00 35.00 DOLLARS