

1495720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

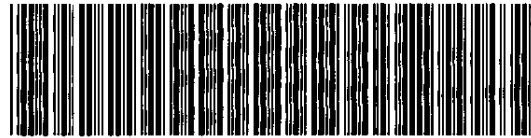
(Document Number)

Certified Copies _____ Certificates of Status _____

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10-13-10



200186202012

10/04/10--01037--029 **35.00

2010 OCT 13 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Handwritten signature/initials

**JOSEPH S. DOBOS ARCHITECT, INC.
2720 E. OAKLAND PARK BOULEVARD - #105
FORT LAUDERDALE, FL 33306**

**(954) 567-0339
(954) 567-0449 FAX**

October 12, 2010

Sylvia Gilbert
Regulatory Specialist II
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Amendment for Name Change – Document Number H95720
Letter Number: 110A00023801

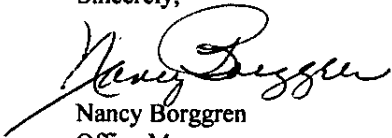
Dear Ms. Gilbert:

Confirming our conversations, I am re-submitting the required document to change the name of the corporation from Joseph S. Dobos Inc. to Joseph S. Dobos Architect, Inc.

As I told you when we talked, we are attempting to get a Worker's Compensation Exemption that will enable us to obtain a building permit. The Dept. of Worker's Compensation has passed a new regulation that the name of the corporation has to be identical to the name of the licensed contractor.

We have been trying to get this matter resolved for the last six weeks and time is of the essence. I am providing a Fed Ex envelope for the return of the corrected document. Again I thank you for all your help.

Sincerely,


Nancy Borggren
Office Manager

COVER LETTER

TO: Amendment Section
: Division of Corporations

NAME OF CORPORATION: Joseph S. Dobos Architect, Inc.

DOCUMENT NUMBER: H95720

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph S. Dobos

Name of Contact Person

Joseph S. Dobos Architect, Inc.

Firm/ Company

2720 E. Oakland Park Boulevard - #105

Address

Fort Lauderdale, FL 33306

City/ State and Zip Code

borggren.nancy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Borggren

Name of Contact Person

at (954)

567-0339

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 &
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
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Joseph S. Dobos, Inc.

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

H95720

(Document Number of Corporation (if known))

FILED
2019 OCT 13 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Joseph S. Dobos Architect, Inc.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida

(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

The date of each amendment(s) adoption: 10-12-10
(date of adoption is required)

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(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

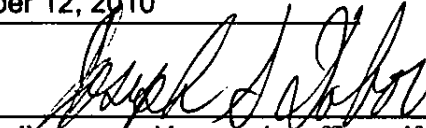
“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 12, 2010

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)

Joseph S. Dobos
(Typed or printed name of person signing)

President
(Title of person signing)