

P04000134854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

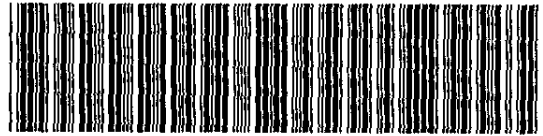
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100068303181

01/22/06 10:23:00 #J5.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 22 PM 3:48

Have Change

Amendment
03/30/06

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STORY, INC.

DOCUMENT NUMBER: P04000134854

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

Please return all correspondence concerning this matter to the following:

Max Story

(Name of Contact Person)

STORY, INC.

(Firm/ Company)

233 E. Bay Street, Suite 920

(Address)

Jacksonville, FL 32202

(City/ State and Zip Code)

For further information concerning this matter, please call:

Max Story

(Name of Contact Person)

at (904) 355-0805

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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**

STORY, INC.

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

P04000134854

(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:

NEW CORPORATE NAME (if changing):

MAX STORY, P.A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Article II is amended to read that the principal place of business address is 233 East Bay Street, Suite 920

Jacksonville, FL 32202. The mailing address of the corporation is 233 East Bay Street, Suite 920, Jacksonville, FL 32202.

Article III is amended to read that the purpose for which this corporation is organized is to provide legal services.

Article V is amended to read that The name and Florida street address of the registered agent is:

Max Story, 233 East Bay Street, Jacksonville, FL 32202.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 22 PM 3:48

The date of each amendment(s) adoption: All amendments enacted on 2-1-2006

Effective date if applicable: 2-1-2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

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)

Max Story

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35