

PO7000048442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

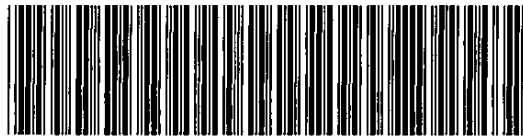
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800112944798

*name
change
amend*

12/11/07--01030--001 **35.00

FILED
2007 DEC 31 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AKR
11/2/08*

X00789, 00721, 00671.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAW OFFICES OF JASON ST-FLEUR, P.A
(Name of Corporation)

DOCUMENT NUMBER: P07000048442

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON ST-FLEUR, ESQ
(Name of Contact Person)

LAW OFFICES OF JASON ST-FLEUR, P.A
(Firm/Company)

19390 COLLINS AVENUE SUITE # 1520
(Address)

SUNNY ISLES BEACH, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

JASON ST-FLEUR, ESQ at (305) 947-2055
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2007

Jason St-Fleur, Esq.
Law Offices of Jason St-Fleur, P.A.
19390 Collins Avenue, Suite 1520
Sunny Isles Beach, FL 33160

SUBJECT: LAW OFFICES OF JASON ST-FLEUR, P.A.
Ref. Number: P07000048442

We have received your document for LAW OFFICES OF JASON ST-FLEUR, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 907A00070290

Articles of Amendment
to
Articles of Incorporation
of

FILED

2007 DEC 31 AM 11:21

LAW OFFICES OF JASON ST-FLEUR, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P07000048442

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

JASON ST-FLEUR & ASSOCIATES, P.A.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

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

NEW CORPORATION NAME: JASON ST-FLEUR & ASSOCIATES, P.A.

NEW ADDRESS: 152 NE 167TH STREET SUITE #300 MIAMI, FL 33162

The date of adoption of the amendment(s) was: _____

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 members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JASON ST-FLEUR

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35