

P10000001199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

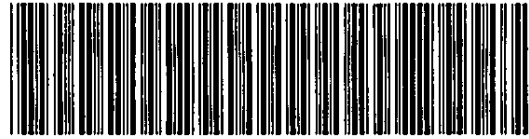
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN -6 AM 9:29

McArend
[Signature]
6-11-13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Anne M Frazier PA

DOCUMENT NUMBER: 810000001199

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

Please return all correspondence concerning this matter to the following:

Anne M Weir PA
Name of Contact Person

Firm/ Company

1931 Palo Duro Blvd
Address

North Fort Myers FL 33917
City/ State and Zip Code

anneweir13@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Weir at (239) 322-6865
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
- \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN -6 AM 9:29

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

Anne M Frazier P.A. 810000001199

(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:

A. If amending name, enter the new name of the corporation:

Anne M Weir P.A. 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)**

1931 Palo Duro Blvd
North Fort Myers, FL
33917

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

1931 Palo Duro Blvd
North Fort Myers, FL 33917

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 Anne M Weir, P.A.
1931 Palo Duro Blvd
(Florida street address)

New Registered Office Address: North Ft Myers, Florida 33917
(City) (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.

Anne M Weir, P.A.
Signature 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.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Anne M Frazier</u>	<u>107 SW 54th Terrace</u> <u>Cape Coral, FL 33914</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Anne M Weir</u>	<u>1931 Palo Duro Blvd</u> <u>North Fort Myers, FL</u> <u>33917</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional 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: 6-4-13

Effective date if applicable: 6-4-13
(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 6-4-13

Signature Anne M Weir PA
(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)

Anne M. Weir PA
(Typed or printed name of person signing)

Anne M Weir, PA
(Title of person signing)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK
 This form is not valid unless seal of Clerk
 District or County Court, appears thereon

(STATE FILE NUMBER)

Marriage License
 Inst#: 201302087094
 Doc Type: MAR204/15/2013 st
 09:34 AM
 Linda Doggett, Clerk of
 Courts, Lee
 County
 Deputy Clerk MKILLEEN

2013 ML 101699264

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (For Maiden, Last) BARRY LEE WEIR		2. DATE OF BIRTH (Month, Day, Year) 12/31/1950	
3a. RESIDENCE - CITY, TOWN, OR LOCATION CAPE CORAL	3b. COUNTY LEE	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) PA
5a. BRIDE'S NAME (For Maiden, Last) ANNE MITCHELL FRAZIER		5c. MAIDEN SURNAME (If different) MITCHELL	
6a. RESIDENCE - CITY, TOWN, OR LOCATION CAPE CORAL		6b. COUNTY LEE	6c. STATE FL
		7. DATE OF BIRTH (Month, Day, Year) 1/31/1950	
		8. BIRTHPLACE (State or Foreign Country) DC	

WE THE APPLICANTS MAILED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE REFUSANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

Lee Clerk

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Barry Lee Weir</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/15/2013
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Linda Doggett</i> D.C.
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Anne Mitchell Frazier</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/15/2013
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Linda Doggett</i> D.C.

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLENNIZE THE MARRIAGES OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

Lee Clerk

17. COUNTY ISSUING LICENSE LEE	18. DATE LICENSE ISSUED 03/15/2013	18a. DATE LICENSE EFFECTIVE 03/15/2013	19. EXPIRATION DATE 05/14/2013
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Linda Doggett</i>	20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY D.C. mk	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) April 13, 2013	22. CITY, TOWN, OR LOCATION OF MARRIAGE Cape Coral, Florida
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Linda Doggett</i>	23c. ADDRESS (For person performing ceremony) 443 Granddaddy Parkway Cape Coral, FL
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For name stamp) Linda Doggett, J.D., Seminole Cape Coral First United Methodist Church	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

I CERTIFY THIS DOCUMENT TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT, STATE OF FLORIDA, COUNTY OF LEE

REDACTED COPY PER F.S. 119.071
 BY: *[Signature]* Deputy Clerk
 DATED: *[Date]*