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August 4, 2011

## FLORIDA DEPARTMENT OF STATE

EDWARDS, COHEN, SANDERS, DAWSON & MANGU, P.A. 6 EAST BAY STREET

JACKSONVILLE, FL 32202US

SUBJECT: EDWARDS, COHEN, SANDERS, DAWSON & MANGU, P.A.

REF: P94000061073

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

PLEASE CHECK ONE OF THE BOXES ON BOTH PAGE 2 OF 3'S REGARDING WHETEER THE PEOPLE LISTED ARE BEING "ADDED" OR "REMOVED".

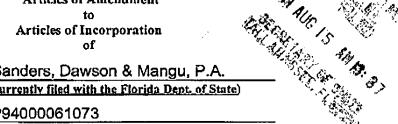
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H11000195373 Letter Number: 811A00018412

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ALLAHASSEE, FEORIGA

## **Articles of Amendment** to



	of		
Edwards, Cohen, S	anders, Daws	on & Mangu,	P.A
(Name of Corporation as co	arrently filed with	the Florida Dept.	of State)
P	94000061073	<u> </u>	
(Document 1	Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		tes, this <i>Florida P</i>	Profit Corporation adopts the follow
A. If amending name, enter the new nam	e of the corporation	<del>in:</del>	
			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	orp," "Inc," or "(	Co". A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A STR		200 West For	syth Street
<u> </u>	,	Sulte 1300	
		Jacksonville, I	FL 32202
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		200 West Fors	syth Street
		Suite 1300 Jacksonville, F	FL 32202
D. If amending the registered agent and/ now registered agent and/or the new r			la, enter the name of the
Name of New Registered Agent:	Edcolaw, Inc	<b>.</b>	
	200 West Fo	rsyth Street, Ste	e. 1300
New Registered Office Address:		ida street address)	
	Jacksonville		, Florida 32202
	(City)	)	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered A	Agent:	
I hereby accept the appointment as registers	ed agent. Lam fam	ilian with and acce	pt the obligations of the position.
-	67 67		26 - 1

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)

<u>Title</u>	Name	Address	Type of Action
PD	David J. Edwards	200 West Forsyth Street Suite 1300 Jacksonville, FL 32202	Add Astrass Charge
DVTS	David Cohen	200 West Forsyth Street Suite 1300 Jacksonville, FL 32202	Add Address Change
<u>vs</u>	Karl J. Sanders	200 West Forsyth Street Suite 1300 Jacksonville, FL 32202	. □ Add Address Charge □ Remove PAL7
	e or adding additional Articles, enter e tional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss ot contained in the amendment i	ucd shares, tself:

## 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)

<u>Title</u>	Name	Address	Type of Action
<u>vs</u>	Gregory M. Dawson	200 West Forsyth Street Suite 1300 Jacksonville, FL 32202	_ □ Add Allrews Charge _ □ Remove an 17
<u>vs</u>	Jean M. Mangu	200 West Forsyth Street Suite 1300 Jacksonville, FL 32202	Add Address Cha
<u>vs</u>	M. Scott Noble	200 West Forsyth Street Suite 1300 Jacksonville, FL 32202	_ □ Add Address (Lan □ Remove Only
(stach ad N/A	ling or adding additional Articles, ent additional sheets, if necessary). (Be spe		
provisio	nendment provides' for an exchange, roms for implementing the amendment of applicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·	····

The date of each amendmen	t(s) adoption:	8/1/2011		
Effective date <u>if applicable</u> :	8/1/11	(date of adopt	tion is required)	
	(no more that	n 90 days after ame	endment file date)	
Adoption of Amendment(s)	Œ	CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by t ere sufficient fo	he shareholders. Tor approval.	he number of votes cast	for the amendment(s)
The amendment(s) was/we must be separately provide	re approved by difor each votil	the shareholders the group entitled to	hrough voting groups. 10 vote separately on the	The following statement amendment(s):
"The number of votes	cast for the am	endment(s) was/we	ere sufficient for approve	al
by	(voting group)		.**	
	(voting group)			
The amendment(s) was/we action was not required,	re adopted by t	he board of directo	rs without shareholder a	iction and shareholder
The amendment(s) was/we action was not required.	re adopted by t	he incorporators w	ithout shareholder action	n and shareholder
Dated_08/0	2/2011	<del></del>	_	
Signature				
(By	a director, presected, by an ince		per — if directors or office thands of a receiver, tru	
		David J.	Edwards	
	Γ)	Typed or printed no	me of person signing)	
	*	Presiden	+ Director	
	(Title	of person signing)		