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2/17/2011 11:23 AM

February 17, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WILLIAMS LAW GROUP, P.A. 3205 W. WALLACE AVE. TAMPA, FL 33611US

SUBJECT: WILLIAMS LAW GROUP, P.A.

REF: P97000008247

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.

The date of adoption of each amendment must be included in 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) 245-6908.

Sylvia Gilbert Regulatory Specialist II FAX Aud. #: H11000042960 Letter Number: 111A00004167

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STORTING OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Flonda 32314

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A	rticles of Incorp of	oration			S	20	
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	<u>.AW GROUP.</u>				AE E	2011 FEB	ancom:
(Name of Corporation as curre	ntly filed with the	Florida Dept. of S	tate)		ASS		Name of
P970	000008247				EI C		
(Document Num	ber of Corporation	(if known)			产业	=	(2047/P)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes,	this <i>Florida Profit</i>	Corpora	ution adopt	is Welfol	lloying	• •
A. If amending name, enter the new name of	the corporation:						
WILLIAMS SECU	JRITIES LAW FI	RM, P.A.			The new	v	
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)	designation "Corp, essional association <u>leable:</u>	" "Inc," or "Co".	A profe	ssional cor	poration	ı	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)							
D. If amending the registered agent and/or renew registered agent and/or the new registered			iter the n	ame of the	l		
Name of New Registered Agent:			_				
New Registered Office Address:	(Florida s	treet address)	_				
<u>-</u>			, Floric	в			
	(City)	(Zi	ip Code)				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent ent. I am familiar	t: with and accept the	e obligatio	ons of the p	osition.		
Sie	mature of New Reg	istered Agent, if cha	anging	_			

Page 1 of 3

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<u>1tle</u>	Name	Address	Tr
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			☐ Remove
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If amend	ling or adding additional Article	s, enter change(s) here:	
	lditional sheets, if necessary). (E		
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If an am	iendment provides for an exchar	ge, reclassification, or cancella	tion of issued shares.
provisio:	ns for implementing the amendment applicable, indicate N/A)	<u>nent if not contained in the amo</u>	endment itself:
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The date of each amendment(s	adoption: 2/17	H 1(000042960 Z	,
	(date of ado	option is required)	
Effective date if applicable:			
(no more than 90 days after at	mendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were		The number of votes cast for the amendment(s)	
		s through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/	were sufficient for approval	
by		,11 	
6	voting group)		
The amendment(s) was/were action was not required.	adopted by the board of direc	ctors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators	without shareholder action and shareholder	
Dated 2/17/2	011	A	
Signature	Mulle		
		fficer – if directors or officers have not been	
	ea, by an incorporator — 11 in t nted fiduciary by that fiduciar	the hands of a receiver, trustee, or other court	
ирроп	included by the incubing	3 7	
	MICHAEL	. T. WILLIAMS	
-		name of person signing)	
	PRE	ESIDENT	
•	(Title of person signing	g)	