## 175992

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SECRETARY OF STAIR TALL AHASSEE, FL

## COVER LETTER

ro:	Amendment Section
	Division of Corporations

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NAME OF CORPO	PRATION: SMITH, THOMPS	ON, SHAW, MINACCI, C	OLON & POWER, P.A.
DOCUMENT NUM			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	STACY SMALL		
		Name of Contact Person	1
	SMITH, THOMPSON, SHAT	W, MINACCI, COLON &	POWER, P.A.
		Firm/ Company	
	3520 THOMASVILLE ROA	D, FOURTH FLOOR	
		Address	
	TALLAHASSEE, FL 32309		
		City/ State and Zip Code	•
	bpowell@tigproperty.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea-	se call:	
STACY SMALL		at (	893-4105
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment 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)
<u>M</u>	ailing Address	Street	Address

Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

SMITH, THOMPSON, SHAW, MINACCI, COLON, & POWER, P.A.

(Name of Corporation	as currently filed with the	Florida Dept. of State)
J75992		
(Docume)	nt Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit C	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
SMITH, THOMPSON, SHAW, COLON & POWER, P.	 !.A.	The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbrevi	or "Co". A professional co	corporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS )	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
). If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent		enter the name of the
	(Florida street address)	
New Registered Office Address:		, Florida
Control of the American	(City)	(Zsp Code)
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		the obligations of the position.
Sivnat	ture of New Registered Agent,	if changing
seck if applicable The amendment(s) is/are being filed pursuant to s. 60	, ,	y 00

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

Remove :

Address of each Officer and/or Director being added:

(Attack 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: X Change John Doe Ľ X Remove ¥ Mike Jones

_	_	<del></del>	
X Add	<u>sv</u>	Sally Smith	
Type of Action Check One)	Title	Name	Address
) Change	D	DAVID K. MINACCI	3520 THOMASVILLE ROAD
Add			4TH FLOOR
X Remove			TALLAHASSEE, FL 32309
Change			
Add			
Remove Change			
Add			
Remove			
Change			
Add			
Remove			<del></del>
Change			<u> </u>
Add			
Remove			
Change			_
Add			
<del></del> <del></del>			<del> </del>

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amending or adding add tach additional sheets, if n	ecessary) (Be spec	cific)			
<del>.</del>					
		•	<del></del>	<del></del>	
			<del></del>		
an amendment provides rovisions for implementi (if not applicable, indic	for an exchange, rec ng the amendment i eate N/A)	classification, or if not contained i	cancellation of is n the amendmeni	iued shares. Itself:	
		<del> <u></u> .</del> -			
				<del></del>	

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	JULY 1, 2020	ناه مدامه ما الله عام الله
date this document was signed.	tlon:	, if other than the
Effective date if applicable:		
	(no more than 90 days after o	amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depart		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of direct	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffi-	ed by the shareholders. The number of cient for approval,	votes cast for the amendment(s)
	ed by the shareholders through voting the children of the chil	
"The number of votes cast for	the amendment(s) was/were sufficient	for approval
by	(voting group)	
	(voting group)	
JULY 1, 202 Dated		2 /T
Signature	W. Cuts	noi/ ?
	tor, president or other officer - if direct	
	y an incorporator – if in the hands of a fiduciary by that fiduciary)	receiver, trustee, or other court
	W. CRIT SMITH	
<del></del>	(Typed or printed name of pers	on signing)
	DIRECTOR	
<del>-</del>	(Title of person signing)	

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SECRETARY OF STATE
TALLAHASSEE, FL