487024

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Zacur, Graham &	Costis, P.A.	
DOCUMENT NUM			
	is of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Peter D. Graham, Esquire		
		Name of Contact Person	1
	Zacur, Graham & Costis, P./	١.	
		Firm/ Company	
	5200 Central Avenue	, ,	
Address			
	St. Petersburg, FL 33707		
		City/ State and Zip Cod	e
pdu	atty@gmail.com		
	· - -	sed for future annual report	notification)
		·	
For further informati	on concerning this matter, pleas	se call:	
Peter D. Graham, Esq.		at (328-1000 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Zacur, Graham & Costis, P.A.

(Name of Corporation as curret	ntly filed with the Florida Dept, of State)	
487024		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
Zacur & Graham, P.A.		The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2019 14
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		呈 [
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		3: 90
Name of New Registered Agent N/A		
inguicity, New Registered Agent		
(Florida :	street address)	
New Registered Office Address:	, Florida, Florida	(Zip Code)
	·	•
New Registered Agent's Signature, if changing Registered Agent	nt:	
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the pos	шон.
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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued s	hares.
provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	1 1 7
N/A	

	December 14, 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	16.2010	
Ja Effective date <u>if applicable</u> :	nuary 16, 2019	
<u>,</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Decembe Dated	er 31 . 2018	
Signature	ette D Stalan	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Peter D. Graham	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	