(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



700357488167

01/13/21--81008--026 \*\*35.08

S TALLENT FEB 22 LL1

Mhur.

2021 JAN 13 PK 4: 25

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SMITH, GRAHAN	M, ELLINGSWORTH & A	SSOCIATES, P.A.		
DOCUMENT NUM					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	WILLIAM H. ELLINGSWO	RTH			
		Name of Contact Person	1		
	SMITH, GRAHAM, ELLINGSWORTH & PECARO, P.A.				
	Firm/ Company				
	96 NE 4TH AVENUE	• •			
		Address			
	DELRAY BEACH, FL 3348	3			
		City/ State and Zip Code	<u> </u>		
	wh.ellingsworth@gmail.com				
	- <del>-</del> -	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call: at (	276-7468		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SMITH, GRAHAM, ELLINGSWORTH & ASSOCIATES, P.A.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

04904 (Decument Number of		ept. of State)	
(Degreeat Number o			
(Document Number o	f Corporation (if known)	1	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation	adopts the following	amendment(s) to
. If amending name, enter the new name of the corporation:			
MITH, GRAHAM, ELLINGSWORTH & PECARO, P.A.			The new
ame must be distinguishable and contain the word "corporation," "e lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	A professional corporation	d" or the abbreviation name_must_contain	"Corp.," the word
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )			
			<del></del>
	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
· · · · ·			
<ul> <li>If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address</li> </ul>		name of the	
Name of New Registered Agent	_		
(Florida str	eet address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	ode)

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: X_Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PD	WILLIAM H. ELLINGSWORTH	96 NE 4TH AVENUE
Add			DELRAY BEACH, FL 33484
Remove			
2) Change	VD	SYLVIA PECARO	96 NE 4TH AVENUE
X Add			DELRAY BEACH, FL 33484
Remove 3) X Change	Т	THOMAS A. SMITH	96 NE 4TH AVENUE
Add			DELRAY BEACH, FL 33484
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	I sheets, if necessary).	(Be specific)			
		<del></del>			
·					
					.,,
		•			
			· · · · · · · · · · · · · · · · · · ·		
					<u> </u>
				<u> </u>	
f an amendmen	t provides for an excl	hange, reclassification	n, or cancellation of	issued shares,	
provisions for i	mplementing the ame	endment if not conta	ined in the amendm	ent itself:	
(if not appli	cable, indicate N/A)				
					<del></del>
					- 1

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehole	der action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amer afficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	9	
	(voting group)	
JANUARY Dated	and Harris	<del> </del>
	irector, president or other officer – if directors or officers have no d, by an incorporator, if in the hands of a receiver, trustee, or other	
	ted fiduciary by that fiduciary)	
	WILLIAM H. ELLINGSWORTH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	