F22910

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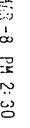
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Frost Van den Bo ATION:	oom, P.A.	<u> </u>
	F22910		
DOCUMENT NUMB	ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	John W. Frost, II		
	Frost Law Firm, P.A.	Name of Contact Person	n
	Post Office Box 2188	Firm/ Company	
	Bartow, FL 33831-2188	Address	
		City/ State and Zip Cod	e
Jfro	st1985@aol.com; paulaw1	1954@aol.com	
	E-mail address: ((to be used for future annua	l report notification)
For further information	n concerning this matter, pleas	se call:	
John W. Frost, II		(863) at (533-0314)ode & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio Cliftor	Address diment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Frost Van den Boom, P.A.

(Name of Corporation as currently filed with the Flori	ida Dept. of State)	HILL I	3 - 15 E
F22910			1-1.
(Document Number of Corporation (if ke	nown)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this $continuous$ Incorporation:	rporation adopts the following	g amendment(s) to	o its Articles of
A. If amending name, enter the new name of the corporation:			
Frost Law Firm, P.A.		T	ie new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporatio	ted" or the abbr in name must con	eviation tain the
B. Enter new principal office address, if applicable: (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)			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name	<u>of the</u>	
Name of New Registered Agent			
(Florida stree	et address)		
New Registered Office Address:	, Florida	(Zip Code)	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit Signature of New Registered Agent		f the position.	

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 Doe							
X Remove	<u>V</u>	Mike Jones							
X Add	<u>sv</u>	Sally Smith							
Type of Action (Check One)	Title	<u>Na</u>	ime			<u>Addres</u> s			
1) Change					 				
Add									
Remove							<u> </u>	_	
2) Change			_	-	 				
Add								_	
Remove									_
3) Change					 <u></u>				
Add									
Remove								_	
4) Change	_	_		<u>_</u> ,	 			_	_
Add									-
Remove								_	
5) Change				_	 				
Add						- 	_		
Remove						 -			
6) Change		_ –		-	 		_	_	
Add								_	
Remove									

The number for which the benefit corner	ration is organized is to create a general public benefit and:
the purpose for which the belief corpor	
The control and/or specific public benefit	it(s) to be created by the corporation (in addition to its general purpose) is
follows (optional):	
	
The additional qualifications of Benefit I	Director(s), if any, are as follows:
The additional qualifications of Deficit	Director(s), it any, are as tonown
The name(s) and address(es) of the Bene	efit Director(s) and/or Benefit Officer(s), if any:
; ile ilaitie(v) alla valla ilaiti	
Name and Title:	Name and Title.
Name and Title:	
Name and Title:	
Name and Title:	
Name and Title:	
Name and Title:Address:	(Include attachment if necessary)
Address:	(Include attachment if necessary) required minimum status vote, terminates its status as a Florida Profit Be
Address:	(Include attachment if necessary) required minimum status vote, terminates its status as a Florida Profit Be
Address:	Address:

s.	
The public benefit for which the corporati	ion is organized is:
•	
	ed by the corporation (in addition to the above) is/are as follows (optional)
	
The additional qualifications of Benefit L	Director(s), if any, are as follows:
The name(s) and address(es) of the Bene	efit Director(s) and/or Benefit Officer(s), if any: Name and Title:
Name and Title:	
Address:	Address:
	(Include attachment if necessary)
The continuity is an address with the	(Include attachment if necessary) required minimum status vote, terminates its status as a Florida Profit Soc
The continuity is an address with the	(Include attachment if necessary) required minimum status vote, terminates its status as a Florida Profit Soc
The control is an address with the	(Include attachment if necessary)

	If amending or adding additional Articl (Attach additional sheets, if necessary).	(Be specific)
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-		
	 -	
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_		
		that the Channel all and
	If an amendment provides for an exchain	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
		
_		

March 1, 2019

The date of each amendment(s) adoption:	, if other than the
date this document was signed. March 1, 2019	
Effective date <u>if applicable</u> : (no more than 90 days after amendment)	file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	nd shareholder
March 4, 2019	
Dated	
Signature Colon to from	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	ers have not been istee, or other court
John W. Frost, II	
(Typed or printed name of person signing)	
President	
(Title of person signing)	