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BIOS CONN.
T. LEMISLOX



COVER LETTER

TO: Amendment Se Division of Cor			1	
NAME OF CORPO	DRATION: LUSK, DRASITES	S & TOLISANO, P.A.		
DOCUMENT NUM				
	es of Amendment and fee are su	bmitted for filing.	1	
Please return all cor	respondence concerning this mat	tter to the following:		
	Joan DeMichael Henry		ı	
		Name of Contact Person		
	Lusk, Drasites & Tolisano, P.	.A.		
		Firm/ Company	!	
	202 Del Prado Boulevard South			
		Address	ı	
	Cape Coral, FL 33990			<u></u>
		City/ State and Zip Code	•	T.
iha	nry@LDTlaw.com			l
	· ·	sed for future annual report	natification)	<u> </u>
	12-man address, (to be dis	sed for factive annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Joan	DeMILHAEL HER	NRY at (239	574-7	442
Nam	c or comact retson	Area Col	ac & Daytine Telepit	me ivamoer
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:	
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A D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circlessee, FL 32301	:

Articles of Amendment to Articles of Incorporation

·	´ of		l aug
LUSK, DRASITES & TOLISANO, P.A.			
(Name o	f Corporation as currently	filed with the Florida Dept.	of State)
(BUAN -8 F % 17
Pursuant to the provisions of section 607.	(Document Number of C	1.5	anendment(s) to
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Piorida Statutes, tilis 71	toriua i rojn Corporation ac	opis the total and another total
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C tion," or the abbreviation "P	o". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			<u> </u>
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addre w registered office address;	ess in Florida, enter the nam	ne <mark>of the</mark>
Name of New Registered Agent	Vincent P. Tolisano		
	202 Del Prado Boulvard So	uth	
	(Florida stre	et address)	
New Registered Office Address:	Cape Coral		33990 , Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	tered agent. Lam familiar w	ith and accept the obligation	s of the position.
	1/2		
	Signature of New Re	egistered Agent, if changing	

•			•
ddress of each Office Attach additional shee Please note the officer/ P = President; V = Vic Executive Officer; CFC neld. President, Treasu Thanges should be not a change, Mike Jones (Mike Jones, V as Remo	er and/or B ets, if necess director title ee Presiden O = Chief wer, Direct ed in the followes the c	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; Ti Financial Officer. If an officer/director holds n or would be PTD. Allowing manner - Currently John Doe is listed as	R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first letter of each office is the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	<u> 74</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>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Tom Drasites	202 Del Prado Blvd. S.
Add			Cape Coral, FL 33990
X Remove			
2) Change	D	Lisa M. Lusk	202 Del Prado Blvd. S.
Add			Cape Coral, FL 33990
X Remove			
3) Change	D	Mark D. Drasites	202 Del Prado Blvd. S.
X Add	_	_	Cape Coral, FL 33990
Remove			
4) Change	D	Benjamin Lusk	202 Del Prado Blvd. S.
X Add	_	•	Cape Coral, FL 33990
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassification, or cance provisions for implementing the amendment if not contained in the a	llation of issued shares, amendment itself:	
(if not applicable, indicate N/A)		
· ·		ı
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. •	January 1, 2018	, if other than the
The date of each amendment(date this document was signed.	s) adoption:	, ii vanet aann an
Effective date <u>if applicable</u> :	January 1, 2018	
Effective date in applicable.	(no more than 90 days after amendment)	file duc)
Note: If the date inserted in t document's effective date on th	his block does not meet the applicable statutory filing reque e Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for re sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The d for each voting group entitled to vote separately on the ar	following statement mendment(s):
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	."
	tvoting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action a	and shareholder
Dated	1/2/18	
Signature	by a director, president or other officer – if directors or officer	eers have not been
St	elected, by an incorporator – if in the hands of a receiver, troppointed fiduciary by that fiduciary)	ustee, or other court
	VINCENT TOLISAND	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \