

H80209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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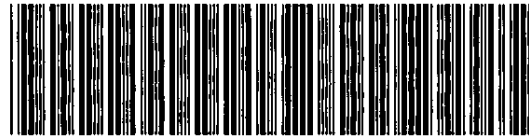
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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THE KEANE LAW FIRM, CHARTERED

GREGORY G. KEANE
ATTORNEY AT LAW
FLORIDA BAR BOARD CERTIFIED
TAX ATTORNEY
FLORIDA BAR BOARD CERTIFIED
WILLS, TRUSTS
AND ESTATES ATTORNEY
CERTIFIED PUBLIC ACCOUNTANT

ATTORNEYS AND COUNSELORS AT LAW
1000 S.E. MONTEREY COMMONS BLVD., SUITE 202
STUART, FLORIDA 34996
TEL. (772) 288-0000 - FAX (772) 221-9028
EMAIL: ggk@keaneattorneys.com

GLENN M. MEDNICK
ATTORNEY AT LAW
OF COUNSEL

May 12, 2014

Florida Department of State
Amendment Section
Division of Corporation
PO Box 6327
Tallahassee, Florida 32314

Re: Charles S. Smith & Associates

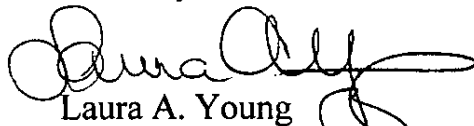
To Whom it May Concern:

Please find attached the Articles of Amendment and the Resignation of Officer in connection with the above referenced matter.

Please return requested in the self addressed pre-paid envelope attached.

Of course if you have any questions regarding the above, please do not hesitate to contact our office.

Sincerely,



Laura A. Young
Paralegal to Gregory G. Keane

/ly
Enclosures (Stated)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHARLES S. SMITH & ASSOCIATES, INC.

DOCUMENT NUMBER: H80209

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY G. KEANE, ESQUIRE

Name of Contact Person

THE KEANE LAW FIRM, CHARTERED

Firm/ Company

1000 SE MONTEREY COMMONS BLVD., SUITE 202

Address

STUART, FLORIDA 34996

City/ State and Zip Code

ggk@keaneattorneys.com /

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY G. KEANE

Name of Contact Person

at (772) 288-0000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

CHARLES S. SMITH & ASSOCIATES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

H80209

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2000 AVE. P UNIT 7
RIVIERA BEACH, FL 33419

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

GREGORY G. KEANE, ESQ., THE KEANE LAW FIRM, CHARTERED

1000 SE MONTEREY COMMONS BLVD., SUITE 202

(Florida street address)

New Registered Office Address:

STUART

(City)

, Florida

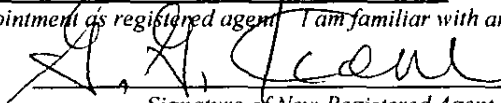
34996

(Zip Code)

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SECRETARY OF STATE

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>MICHAEL S. SMITH</u>	<u>2000 AVE P UNIT 7</u> <u>RIVIERA BEACH, FL 33419</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DVTS</u>	<u>DONNA J. SMITH</u>	<u>2000 AVE P UNIT 7</u> <u>RIVIERA BEACH, FL 33419</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DPVT</u>	<u>CYNTHIA L. SMITH</u>	<u>2000 AVE P UNIT 7</u> <u>RIVIERA BEACH, FL 33419</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> 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 shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: APRIL 14, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated May 1, 2014

Signature Cynthia L. Smith
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CYNTHIA L. SMITH
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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