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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Dobra P. Crochling & Associates, F
DOCUMENT NUMBER: 43599
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Name of Contact Person
Same
Frint Company  OS Andrews Ne
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Debra P. Rochlin, Esq.   at ( 954 832-9009      Name of Contact Person   Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Status   Certificate of Status   Certified Copy   Certified Copy   Certified Copy   Certified Copy   (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation (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: name must be distinguishable and contain the word "corporation, "incorporated" or the company. or ' 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) 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: New Registered Office Address: (Florida street ad Florida (City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
			Add Remove
	nding or adding additional a	Articles, enter change(s) here:  (Be specific)	
		<b>Λ</b> Λ	
		NH	
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provis	sions for implementing the s	exchange, reclassification, or cancellat mendment if not contained in the ame	ion of issued shares, ndment itself:
(if	not applicable, indicate N/A)		

The date of each amendment	t(s) adoption: 9 22 09
•	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.  The amendment(s) was/we action was not required.  Dated  Signature  (B) sele	ere adopted by the board of directors without shareholder action and shareholder action act
-rr	Debra P. Rochlin, Esq.
	(Typed or printed name of person signing)  (Title of person signing)