K80377

(Requestor's Name)				
(Address)				
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(6) (6) 77 (9)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2000)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

already Paid

Letter Number: 620A00016535

August 28, 2020

R. BRUCE CRANMER R. BRUCE CRANMER, P.A. 4026 NW 73RD AVE CORAL SPRINGS, FL 33065

SUBJECT: R. BRUCE CRANMER, P.A.

Ref. Number: K80377

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

TO MAKE CHANGES TO ALL ADDRESSES, PLEASE USE THE ATTACHED PROFIT ARTICLES OF AMENDMENT AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

DO NOW AND THE STATE OF THE STA

R Bruce Cranmer, P. A.

ATTORNEY AT LAW

4026 NW 73rd Avenue

TELEPHONE: (954) 755-0250

Coral Springs, Florida 33065

CELL: (754) 281-7519

E-MAIL: brubcv@aol.com

September 4, 2020

FLORIDA DEPARTMENT OF STATE AMENDMENT Section Division of Corporations P.O. Box 6327 TALLAHASSEE, F1. 32314

RE: Change of Resident Agent Address Moved office R.BRUCE CRANMER, P.A. K 80377

Enclosed find a new set of forms as I apparently submitted the change of address Amendment previously on the wrong form. I used the one I was given.

In any case, I just moved my office, and thus the Registered Agent, me, to the new address shown above.

Your recent cover letter is enclosed evidencing the fact that I paid the \$35 fee in my first effort to fill out the forms.

I am sole owner, Officer, Director and shareholder. I JUST MOVED THE OFFICE AND THUS CHANGED THE ADDRESS FOR MYSELF AS RESIDENT AGENT!

R. Bruce Cranmer Cong

admouldge: that I moved my office and my Rogeston & again addop.

I am Semi-Revised + moved home

9/4/20 R. Buco Carno.

COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ranner E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 755-0350 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to

Articles of Incorporation of

R. BALLE CRANKE	R P.A.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
<u> </u>		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:	4036 NW 73 Pd ave	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	- 1 0	33065
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	4026 NW 73 Rd Ave CORal Springs Fi	<u>?</u> 3 <i>3065</i>
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the	<u></u>
New Registered Office Address: 4026 NW 73 P		06 <u>5</u> ode)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. gistered Agent, if changing	2029 SEP 14 PH 6
Check if applicable		<u></u>
\Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	ë

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.

Mike Jones, V as Remove Example:	, and Sal	ly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	Y	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			
Add			<u> </u>
Remove			
2) Change			
Add		/) . ^	
Remove Change			
Add			
Remove			
4) Change			
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5) Change		_ /	<u></u>
Add			
Remove			
6) Change	 ,	<i></i>	
Add	/		
Remove			

<u>lf amending or addi</u> r	ng additional Articles, enter change(s) here:
Attach additional she	eets, if necessary). (Be specific)
	
	<u>′</u>
f an amendment properties of a provisions for imple	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicable	le, indicate N/A)
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110620	, if other than the
(no more than 90 days after o	amendment file date)
not meet the applicable statutor f State's records.	ry filing requirements, this date will not be listed as the
HECK ONE)	
incorporators, or board of dire	ctors without shareholder action and shareholder
shareholders. The number of approval. 100°10	votes cast for the amendment(s)
te shareholders through voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
ndment(s) was/were sufficient n on y ting group)	for approval e Director + Shore boldy
Bone Ga	nus 97
ident or other officer – if direct orporator – if in the hands of a y by that fiduciary)	
(Typed or printed name of pers	On signing)
(Title of person signing)	
f 1	ot meet the applicable statutor State's records. IECK ONE) incorporators, or board of direct shareholders. The number of approval. 100°10° to shareholders through voting group entitled to vote separate andment(s) was/were sufficient in group) ident or other officer – if direct orporator – if in the hands of a by that fiduciary)