L05339

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2010 MAY - 1 PM 4: 39
SECTION OF STATE
TAIN AND SEE, FLORIDA

5/7/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A.T. FRAN	CO AND ASSO	CIATES, P.A.	
DOCUMENT NUMI	BER: L05339		···	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	KATHY BARRAL			
		Name of Contact Person	1	
	MULLEN & BIZZ	ARRO, P.A.		
		Firm/ Company		
	2929 E. COMME	RCIAL BLVD. P	H-C	
		Address		
	FORT LAUDERD	PALE, FL 33308		
		City/ State and Zip Cod	e	
kike	o@atfranco.com			
 -	_	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
KATHY BAR	RAL	at (954	, 772-9100	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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		Amend	Address ment Section in of Corporations	
117.	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
		Tallahassee, FL 32301		

Articles of Amendment to

A.T. FRANCO AND ASSOCIATES, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) L05339 (Document Number of Corporation (if known)	2010 MAY - 1	PM 4: 39
L05339	SEGNATIVE	
(Document Number of Corporation (if known)	TALLAHASSI	OF STATE E. FLORIDA
	10	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporat</i> its Articles of Incorporation:	ion adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation: A.T. FRANCO ARCHITECTURAL ASSOCIATES, P.A.		_The new
name must be distinguishable and contain the word "corporation," "company," or "in "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional coword "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 new registered agent and/or the new registered office address:	e name of the	_
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:FI	orida(Zip Code)	_
. (Cay)	(ap 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 oblig		

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.

X Change	PT	John Do	<u>oe</u>	
X Remove	¥	Mike Jo	ones .	
X Add	SY	Sally Sr	nith_	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_	·	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		- -		
Add				
Remove				
O Che:				
6) Change	-	_		
Add				
Remove				

tach additional sheets, if necessary).	cles, enter change(s) her (Be specific)	
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	1 18 d	r cancellation of issued shares.
n amendment provides for an exch	ange, reclassification, of	1
n amendment provides for an exchousions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or nament if not contained	in the amendment itself:
ovisions for implementing the amer	ange, reclassification, of numerical industries	in the amendment itself:
ovisions for implementing the amer	ange, reclassification, of	in the amendment itself:
ovisions for implementing the amer	ange, reclassification, of	in the amendment itself:
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in amendment provides for an exchovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, of	in the amendment itself:
ovisions for implementing the ame	ange, reclassification, of	in the amendment itself:

The date of each amendment(s) adoption:		
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 was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement th 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)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated	118/13	
Signature	euxmm.	
	tor, president or other officer - if directors or officers have not been	
	y an incorporator - if in the hands of a receiver, trustee, or other court	
appointed f	fiduciary by that fiduciary)	
Al	NGEL T. FRANCO	
	(Typed or printed name of person signing)	
PI	RESIDENT	
	(Title of person signing)	