M08806

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Docum	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filir	ng Officer:	
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SECRÉ JARY OF STATE

Office Use Only

Amend & M/C

DEC 10 2010

ZAND, FISCHER, MUROFF, P.A.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

MARK J. ZAND, C.P.A., C.F.S.T. STEVEN P. FISCHER, C.P.A. HOWARD W. MUROFF, C.P.A. RICHARD A. FERNANDES, C.P.A. 300 SOUTH PINE ISLAND ROAD SUITE 110 PLANTATION, FLORIDA 33324 TEL: (954) 370-0300 FAX: (954) 474-8340 WEBSITE: www.zfmp.com

12/2/10

To: FL Div of Corps AttN: Amendment Section

We are changing the nume of our pa effective 11/30/10. We have a tracked all necessary Duchs & Payment. Goal is to:

1) have nume change 2) remove existing Reg. Agent & Replace with me 3) Steven firster Resigning from Coef.

Please Call me with my questions Det 101

ZAND, FISCHER, MUROFF, P.A.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

MARK J. ZAND, C.P.A., C.F.S.T.

300 SOUTH PINE ISLAND ROAD • SUITE 110 .
PLANTATION, FLORIDA 33324
TEL: (954) 370-0300, Ext. 101 • FAX: (954) 474-8340
E-MAIL: mzand@zfmp.com

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: 2 And, 1	Fischer, Muroff, B.A.
DOCUMENT NUMBER: MOPSOL	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
MARK J. Name of	Z ANO Contact Person
Zand, fisch	COMPANY P.A.
300 S. Pine Islan	1 Rd # 110 Address
Plantation City/State	233324 e and Zip Code
MZANO D Zan E-mail address: (to be used for fu	depas.com
For further information concerning this matter, please Name of Contact Person	call: At (954) 370-0300 × 10/ Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status]\$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	treet Address mendment Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

	· 1.
Articles of Amendment	
to	
Articles of Incorporation	
of	2010
Name of Corporation as currently filed with the Florida Dept. of State)	OFC -9 PM
(Name of Corporation as currently filed with the Florida Dept. of State)	- TALLANETARY
M08806	HASSEE, FI OF STATE
(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: ZAND L FERNANDES, P.A. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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) W/A - Address Remains Samp
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: MACK J ZANd
New Registered Office Address: Sou S. Fine Island Rd # 110
Plantation, Florida 3332 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

removed and	d title, name, and address of each Office tional sheets, if necessary)		irector being
<u>Title</u> VPD	Name Steven p. Fischer	Address 300 S. Pine Island # 100 Wantation of 3227	Type of Action Add Remove
	<i></i>		_
			_ □ Add _ □ Remove
(attach add	ditional sheets, if necessary). (Be specific	c)	
provision (if no	endment provides for an exchange, reclans for implementing the amendment if not applicable, indicate N/A)		
	/ <i>F</i>		

The date of each amendment(s) adoption:/R/1/10
Effective date if applicable:	//- 30 - /O
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	121,1,0
selec	a director, president or other afficer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MARK J ZAND
	(Typed or printed name of person signing)
	PROS.
	(Title of person signing)