P10 0000 38550

(Requestor's Name)	
(Address)	┪
(Address)	<u> </u>
` ,	
(City/State/Zip/Phone #)	_
(Oity/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<u> </u>
, ,	
(Document Number)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	İ
•	
	_

Office Use Only



000328308460

05/20/15--01016--009 **35.00

NUN 2013 T. LT COURSE

COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: __ADAMS & GLENN. PA DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HELEN MARCUM Name of Contact Person MARCUM & ASSOCIATES, INC Firm/ Company 7137 MARINER BLVD Address SPRING HILL, FL 34609 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 701-0771

Area Code & Daytime Telephone Number HELEN MARCUM Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$43.75** Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

 \mathbf{of}

ADAMS & GLENN, PA		and the second second
(Name of Corporati	ion as currently filed with the Flo	orida Dept. of State)
P00000038550		2049 MAY 20 P 2 15
(Docur	nent Number of Corporation (if kn	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:	
ROBERTA L. GLENN, PA		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Îpc," or "Co". A profession	or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		obligations of the position.
Sim	nature of New Registered Agent, if o	
.ugn	university then registered agent, if t	Changing

If amending the Officers and/or Directors, enter the titl	e 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.

noles
nple: Thange <u>PT</u> <u>John Doe</u>
emove <u>V</u> <u>Mike Jones</u>
Add SV Sally Smith
<u>of Action</u> <u>Title</u> <u>Name</u> ck One)
Change
Add
Remove
Change
Add
Remove
Change
Add Remove
Change
Add Remove
Change
Add Remove
KCHRNC
Change
Add Remove

E. If amending or adding additional Articles, enter char	pge(s) here:
(Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
· - · ·	
	
F. If an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c	cation, or cancellation of issued shares, ontained in the amendment itself:
(if not applicable, indicate N/A)	
	I

The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
tno more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as thords.
Adoption of Amendment(s) (CHECK ONI	1 <u>3</u>)
■ The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group enti	
"The number of votes cast for the amendment(s) v	 vas/were sufficient for approval
by	
by(voting group)	
☐ The amendment(s) was/were adopted by the board of di action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
MAY 16, 2019 Dated	
Dated Roberta L. Signature	mm
(By a director, president or oth	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court
ROBERTA L. GLENI	
(Typed or p	rinted name of person signing)
DIRECTOR/PRESIDI	I ENT I
	(Title of person signing)