## POIOCCO 16261

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Mandelb	aum, Fitzsimmons, Hewitt and Cain,	, p,	
DOCUMENT NUMBE		00016261		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	itter to the following:		
	50	OTT K. Hewitt		
_		Name of Contact Person		
		Firm/ Company		
_	2111	Wost Swann Ave, Suite 200		
_		Tumps FL 33606  City/ State and Zip Code		
	<u> </u>	SKH@ Man FitzLaw, com		
_		sed for future annual report notification)		
For further information	concerning this matter, pleas	se call:		
Scott	K. Hewitt	at ( 813 ) 221-0200  Area Code & Daytime Telephone Number		
Name of	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for t	the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)		
	ng Address dment Section	Street Address Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FŁ 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

Mandelbaum, Fitzsimmons, Hewitt and Cain, P.
(Name of Corporation as currently filed with the Florida Dept. of State)
P01000016261
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
rame must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.,"
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)
<u>8</u>
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
(Florida street address)
None Bosinson J. Office, 1.11
New Registered Office Address:, Florida, Florida
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.
Thereby decept the appointment to registered agent. I am jointal with and decept the obligations of the position.
Signature of New Registered Agent, if changing
Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	_D	Samuel R. Mandelba	CUETE 200
Add			
X Remove			Tampa, FL 33606
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove Change			2022 - F
Add			
Remove			VSSIE A
4) Change			
Add			00 OR
Remove			0 D
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessar	Articles, enter change(s) here: y). (Be specific)		
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F. If an amendment provides for an o	vahanga radiassification or can	callation of issued shares	
provisions for implementing the	mendment if not contained in th	e amendment itself:	
(if not applicable, indicate N/A	)		
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The date of each amendment(s) adoption: _	6	10/22		, if other than the
date this document was signed.		•		<del></del>
Effective date <u>if applicable</u> :	6/10/22	) days after amend		<del></del>
	(no more than 90	) days after amend.	ment file date)	
Note: If the date inserted in this block does in document's effective date on the Department of	not meet the applic of State's records.	able statutory filin	g requirements, this d	late will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or b	ooard of directors v	vithout shareholder act	tion and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The approval.	number of votes c	ast for the amendmen	t(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	endment(s) was/wei	re sufficient for app	proval	FILL JUN 17
by			,·"	
(vo	ting group)			ASS ASS
6/10/	2022			AMID: 00
Dated 6 10	- 1 -	$\overline{\mathcal{M}}$		0:0
Signature	<pre>&gt; + </pre>	if dimension on	officers have not been	
selected, by an inc		e hands of a receive	er, trustee, or other co	
	SCOTT K			
	(Typed or printed i	name of person sig	ning)	
	Directo	Γ		
<del></del> -	(Title of person sig	gning)		