## P01000045529

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SECRETARY OF STATE TALLAHASSEE, FI ORID &

JAN 1 4 2016 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MOFFA, C	GAINOR, & SUTTON, P.A.
DOCUMENT NUMBER: P01000045529	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
AMANDA LEVINE	
<u> </u>	Name of Contact Person
MOFFA, SUTTON,	& DONNINI P.A.
	Firm/ Company
100 S.E. THIRD AV	ENUE, SUITE 2202
	Address
FORT LAUDERDAI	LE, FL 33394
	City/ State and Zip Code
AMANDALEVINE@FLO	RIDASALESTAX.COM
E-mail address: (	to be used for future annual report notification)
For further information concerning this matter than the second of the se	er, please call:at ()
Name of Contact Person	at () Area Code & Daytime Telephone Number
	•
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
\$35 Filing Fee  \$\sum \\$43.75 Filing R Certificate of S	<del>_</del>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	y filed with the Florida Dept. of State)			
P01000045529				
. (Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing ame	ndmen	:(s)
A. If amending name, enter the new name of the corporation:				
MOFFA, SUTTON, & DONNINI, P.A.		The	new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name m	ust contai	ation n the	
B. Enter new principal office address, if applicable:	ONE FINANCIAL PLAZE, SUITE 220	)2		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	100 S.E. THIRD AVENUE	TAL	201	
	FORT LAUDERDALE, FL 33394	CRE	IVF 9	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ONE FINANCIAL PLAZE, SUITE 220	TARY C ASSEE		
	100 S.E. THIRD AVENUE	F-3:	H	
	FORT LAUDERDALE, FL 33394	RID,	<del>ဒ</del> ူ: 30	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address  Name of New Registered Agent				
new registered agent and/or the new registered office address  Name of New Registered Agent		<u> </u>		
new registered agent and/or the new registered office address  Name of New Registered Agent	<u>u</u>	<u> </u>		

## 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 <math>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	VPD	Thomas R. Gainor	100 S.E. THIRD AVE
Add			SUITE 2202
x Remove		·	FT. LAUDERDALE, FL 33394
2) Change	VPD	Gerald J. Donnini II	100 S.E. THIRD AVE
X Add			SUITE 2202
Remove			FT. LAUDERDALE, FL 33394
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	amending or adding additional Articutach additional sheets, if necessary).	(Be specific)	
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(if not applicable, indicate N/A)	an amendment provides for an excr provisions for implementing the ame	nange, rectassification, or cand	e amendment itself:
	(if not applicable, indicate N/A)		
	-		
		<u> </u>	

	January 1, 2016	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Janu Effective date if applicable:	ary 1, 2016	
<u></u>	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	pted by the board of directors without shareholder action and shareholde	ः
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	1/6/16	
Signature	/~/	
	rector, president or other officer – if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other coured fiduciary by that fiduciary)	t
	JOSEPH C. MOFFA, ESQ.	
	(Typed or printed name of person signing)	
	PRESIDENT DIRECTOR	
•	(Title of person signing)	