P02000005266

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SIGNETARY OF STATE
ONVISION OF CORPORATIONS
14 JUL -2 PM 4: 00

C. LEVIS

JUL 1 8 2014

EXAMINER

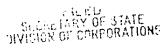
COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: L.R. AII	len, PA			
NAME OF CORPORATION: L.R. AII DOCUMENT NUMBER: # 1 PO	2000005266			
The enclosed Articles of Amendment and fee are sul	ibmitted for filing.			
Please return all correspondence concerning this mat	atter to the following:			
Leonard A	2 - AlleN Name of Contact Person			
	Name of Contact Person			
LEN Allen.	Agency, pA. (Regussied Wur NAme) Firm/ Company			
Pro. Box	100279			
	/00278 Address			
1001 a 72 1	111			
	Oity/ State and Zip Code			
	ony, out and zip code			
Lenallen @ A	OL. Com			
E-mail address: (to be us	octocom sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
	954- 683-9000 or at (321-) 723-4800 Area Code & Daytime Telephone Number			
LEN ALIEN	at (321-) 723-4800			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p				
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{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	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
· · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation



14 JUL -2 PM 4:00

(Name of Corporation as currently filed with the Fl	oride Pant of State)
Don conformation as currently fried with the Fi	00.52/a/a
(Document Number of Corporation (if	Cknown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	Allen Agency, PA The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	383 HATC'her ST. SE
	PNIM BAY FIA 32909
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO. Box 100278
	PAIM BAY
	PO. Box 100278 PAIM BAY Florida, 32910
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Leward P. Al	ien
383 HAT Cher (Florida stre	et address)
New Registered Office Address: PAIN TBAY (City)	, Florida <u>32909</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was signalare of New Registered Agent.	ith and accept the obligations of the position.

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	$\underline{\mathbf{V}}$	Mike Jon	<u>ies</u>				
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	no	Chara	ges to	offeins
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Ü	<u>Addres</u> s	0 0
1) Change		 .					
Add							
Remove							
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change							
Add							
Remove							
6) Change						· · ·	
Add							
Remove							

	ending or adding additional Articles, enter change(s) here: n additional sheets, if necessary). (Be specific)
	ns Changes
	V
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) Wi Changer
	To Gronger
·	
	

The date of each amendment(s) adoption:	6-30-14	File Stending 30 to hology	DE STATE RPURATIONS	, if other than the
date this document was signed. Effective date if applicable:	7-1-14	14 JUL -2 after amendment file dat		
	(no more than 90 days o	ijter amenament jile aat	e)	
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient f		r of votes cast for the an	nendment(s)	
The amendment(s) was/were approved by must be separately provided for each vot				
"The number of votes cast for the a	mendment(s) was/were suffic	ient for approval		
by	(voting group)			
The amendment(s) was/were adopted by action was not required. The amendment(s) was/were adopted by action was not required.				
Signature (By a director of	allow oresident or other officer – if	directors or officers have	e not been	_
selected, by an appointed fiduc	incorporator – if in the hands iary by that fiduciary)	of a receiver, trustee, or		
	(Typed or printed)	name of person signing)		_
 	PHS/Les	meran cionino)	···	