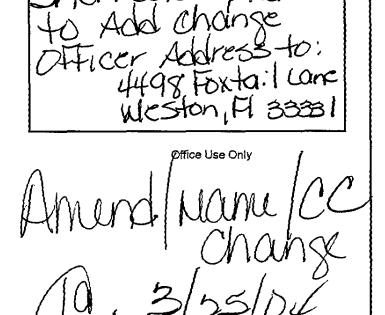
P02000120805

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special instructions to	Filing Officer:	Advised





500027986555

02/02/04--01085--002 **43.75

OLMAR 25 PM 1: 10
ALLAHASSEE, FLORINA

TRANSMITTAL LETTER

TRANSMITTAL LETTER
TO: Amendment Section Division of Corporations
(De to marriage)
(Ove to marriage) subject: Warre Change of Registered agents officer
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sheri Colones (Name of Person)
Sheri Ann Coloney PA (Name of Firm/ Company) (Name of Firm/ Company)
4498 FOX+ail Cane
Woston, FC 33331 (City/ State/ and Zip Code)
For further information concerning this matter, please call:
Sheri Coloney at (954) 306-0301 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) □ \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, FL 32399

Tallahassee, FL 32314

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon. (STATE FILE NUMBER)

AHG 1 3 200

DATE RETURNED:

RECORDED:

BOOK PAGE

HOWARD C. FORMAN

, CLERK OF COURT

BY ... D

... DEPUTY CLERK

ML-CE-03-003560

	(APPLICATION NUMBER)			•	
		PPLICATION TO MARR	Y		
1	GLAS COLONEY			2 DATE OF BIRTH (Month, Day, Year) 4 JAN 25, 1975	
3ª RESIDENCE - CITY, TON WESTON		ou of mor	non	4. BIRTHPLACE (State or Foreign Country) NEW YORK	
5a BRIDE'S NAME (First, M	iddle, Last)	MI 10 LA	Trough :-	6. DATE OF BIRTH (Month, Day, Year)	
SHERT ANN	CHEANEY WI, OR LOCATION	centificate	is ;	FEB 14. 1978 a. BIRTHPLACE (State or Foreign Country)	
WESTON	WE THE APPLI	enclosed	HATT	FLORIDA HE INFORMATION PROVIDED	
	ON THIS RECC		TOP	JECTION TO THE MARRIAGE	
COUNT	NOR THE ISS	e tiling f	40 (JRC 🚾	Y FOR LIGENSE TO MARRY. BEFORE ME ON (DATE) 103	
17stal E	11 TITLE OF OFFICIAL DEPUTY CLERK	Ilready 5	ent the	biack into	
17stal \图		$\rightarrow 0$		>	
JUDICIAL) "	13 SIGNATURE OF BRIDE (Sign bull)	-in pred	~	BEFORE ME ON (DATE)	
CIRCUIT /sb/	15 TITLE OF OFFICIAL			bljack ink)	
\ / <i>\</i> %/	DEPUTY CLERK	<u> </u>		Eq.	
or County, Flor					
COUNTE	AUTHORIZATION AND	THE THEORY AND TO SULEMNIE IT		STATE OF FLORIDA TO PERFORM MED PERSONS. THIS LICENSE MUST	
3	BE USED ON OR AFTER THE EFFECTIVE DATA 17. COUNTY ISSUING LICENSE		DATE IN THE STATE OF FLORID	A IN ORDER TO BE RECORDED AND VALID.	
17th	BROWARD	JUL 17, 2003	JUL 20, 20	SEP 17, 2003	
(JUBFOHAL)	ROS SIGNATURE OF COURT CLERE OR CODGE	δÊ	PUTY CLERK L	HICKS 20c BY D.C.	
CIRCUIT (S	CERTIFICATE OF MARRIAGE				
A CHO!	I HEREBY CERTIFY THAT THE ABOVE NAMED G			WITH THE LAWS OF THE STATE OF FLORIDA.	
CIRCUIT B	21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF	•		
	July 26, 2003	Fort Laude	rdale, Florida		
SEAL	23a. SIGNATURE OF FEDSON HERFORMING CERE		ADDRESS (Of person performin		
SEAL	23b. Name AND TITLE OF PERSON PERFORMING		GNATURE OF WITNESS TO	F1fteenth Avenue	
	Reverend Dr. David G. Senior Pastor	Berry	for 150	West Brown	
	Senior Pastor	25. 5	IGNITURE OF WITHEST TO C	REMONYJOSe Dacklik	
	SE WEGGERATION SELOW FOR U	SERV DITAL STATISTICS OF			

BROWARD COUNTY, ELDRIDA

I Certify this document to be a frue and correct copy of the original.

WITNESS MY HAND AND SEAL

ON ALIC 13 7003

HOWARD BRANAN CLERK OF COUNTY BY

Articles of Amendment to Articles of Incorporation ON THE PROPERTY OF THE PARTY OF

(Name of corporation as currently filed with the Florida Dept. 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:

NEW CORPORATE NAME (if changing):
Sheri Ann Coloney, PA
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Registered agent and econstered octica
rome change from Cheaney to
Coloney
Change current address from
5001 SW 315+ Ave to my new
address 4498 Foxtail Lake
Weston, 72 32:55/
(Attach additional pages if necessary)
If an amendment provides for 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)
The state of the s

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: 3000
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this Da day of March, 2004
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35