

P03 000076892

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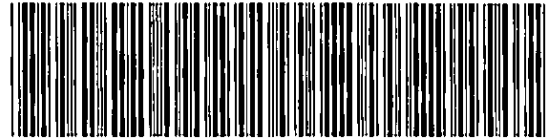
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2019 JAN 17 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FL

Eff: 01-22-19

Name Change

Amend.

01/24/19  
DC

# McBRIDE SCICCHITANO & LEACOX

A PROFESSIONAL ASSOCIATION

*Attorneys at Law*

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\*ADMITTED IN NEW MEXICO  
\*ADMITTED IN TEXAS  
\*ADMITTED IN WASHINGTON  
\*ADMITTED IN WYOMING

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REPLY TO ORLANDO OFFICE

By Fedex

January 16, 2019

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

Re: Correct Check for Separate Name Change Amendment Package arriving 1/17/2019 from Fedex  
McBride, Scicchitano & Leacox, PA / P03000076892

Dear Department of State:

We sent a separate amendment package via Fedex that will also be arriving on January 17, 2019. Unfortunately, we included the wrong check and I realized this as soon as I got back from the Fedex box. Enclosed with a copy of the original cover letter and amendment for reference is the correct check for filing fees and copies. I apologize the inconvenience. Please add the enclosed check to the original amendment package arriving separately for McBride, Scicchitano & Leacox, PA / P03000076892.

Sincerely,

Laura Morgan  
407-999-4701  
lmorgan@williammcbride.com

RECEIVED

2019 JAN 17 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: McBride, Scicchitano & Leacox, PA  
DOCUMENT NUMBER: P03000076892

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Morgan  
Name of Contact Person  
McBride, Scicchitano & Leacox, PA  
Firm/ Company  
800 N. Magnolia Ave., Suite 1800  
Address  
Orlando, FL 32803  
City/ State and Zip Code  
lmorgan@williammcbride.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Morgan at ( 407 ) 999-4701  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee      ☐ \$43.75 Filing Fee & 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)

8/105.00

+ 6 additional certified copies.  
(Additional copies included)

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

McBride, Scicchitano & Leacox, PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000076892

(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:

A. If amending name, enter the new name of the corporation:

William McBride Law Group, P.A.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co., " or the designation "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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida  
(City) (Zip Code)

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.

Signature of New Registered Agent, if changing

2019 JAN 17 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	D	Aaron Scicchitano	2329 Westminster Court
<input type="checkbox"/> Add			Winter Park, FL 32789
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	D	Zachary Leacox	2143 Forest Club Drive
<input type="checkbox"/> Add			Orlando, FL 32804
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If 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)*

N/A

The date of each amendment(s) adoption: January 14, 2019, if other than the date this document was signed.

Effective date if applicable: January 22, 2019  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted 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.

Dated 1/14/19

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)

William McBride

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)