

P040000061445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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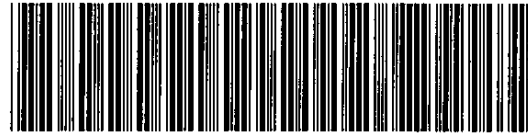
(Business Entity Name)

(Document Number)

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Name Change
Amend

06/26/06--01019--025 **35.00

FILED
06 JUL 25 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
7/25/06

01029
X00789, 00721, 00524, 04104, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2006

Lisa M. Ashton
18801 Long Lake Dr.
Hudson, FL 34667

SUBJECT: LISA M. ANDERSON, P.A.
Ref. Number: P04000061445

We have received your document for LISA M. ANDERSON, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The "old" name of the corporation should be spread out. There are no spaces in between the words.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Amendments for nonprofit corporations are filed in compliance with section 612.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 706A00043797

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lisa M. Anderson P.A.

DOCUMENT NUMBER: P04000061445

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

Please return all correspondence concerning this matter to the following:

Lisa M. Ashton
(Name of Contact Person)

Lisa M. Ashton P.A.
(Firm/ Company)

18801 Long Lake Dr.
(Address)

Hudson Fl. 34667
(City/ State and Zip Code)

For further information concerning this matter, please call:

Lisa M. Ashton at (727) 243-0505
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee
paid

☐ \$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)

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

Lisa M. Anderson, P.A.

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

FILED
06 JUL 25 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P 04000061445

(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):

Lisa M. Ashton P.A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article I - Name change to Lisa M. Ashton P.A.

(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)

(continued)

The date of each amendment(s) adoption: 6-14-2006

Effective date if applicable: 6-14-2006
(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.

Signature Lisa m. Ashton Pres/Manager
(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)

Lisa m. Ashton
(Typed or printed name of person signing)

Manager/Pres.
(Title of person signing)

FILING FEE: \$35