Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001757563))) ·



| To: | | | |
|-------|----------------|---|-------------|
| | Division of Co | prporations | |
| | Fax Number | : (850)617-6380 | |
| From: | | | |
| | Account Name | : THE ROBBINS LAW FIRM PA | |
| | Account Number | : 120060000025 | |
| | Phone | : (727)822-8696 | an In- |
| | Fax Number. | : (727) 471-0616 | , K |
| | | | grade : Y - |
| | | ا المنظم | *** |

COR AMND/RESTATE/CORRECT OR O/D RESIGN LYNCH & ROBBINS, P.A.

| 1 |
|---------|
| 0 |
| 05 |
| \$43.75 |
| |

Electronic Filing Menu

Corporate Filing Menu

Date: 7/5/2012 3:07:32 PM

H120001757563

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LYNCH & ROBBINS, P.A. DOCUMENT NUMBER: P04000072072 The enclosed Articles of Amondment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOYCE E. LORD, PARALEGAL Name of Contact Person LYNCH & ROBBINS, PA. Firm/Company 2639 DR. MLK JR. STREET NORTH Address ST. PETERSBURG, FL 33704 City/ State and Zip Code JLORD@FLORIDALAWYER.COM B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOYCE E. LORD at (727 822-8696 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ■\$43.75 Filing Fec & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

12000175 7563

From: GFI FaxMaker

To: Division of Corporations - Amendment Section

Page: 5/9

Date: 7/5/2012 3:07:32 PM

2012 JUL -5 AM 9: 36

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Zip Code)

120001757563

Articles of Amendment Articles of Incorporation

| L' | YNC | 1& | ROBB | INS, I | P.A. |
|----|-----|----|------|--------|------|
| | | | | | |

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

P04000072072

(Document Number of Corporation (if known)

mendment(s) to

| Pursuant to the provisions of section 607.1906, Florida Stat its Articles of Incorporation: | utes, this Florida Profit Corporation adopts the following amendme |
|---|--|
| A. <u>If amending name, enter the new name of the corpar</u> ARCHER BAY, P.A. | |
| name must be distinguishable and contain the word "ci "Corp.," "Inc.," or Co.," or the designation "Corp.," "li word "chartered," "professional association," or the abbu | orporation," "company," or "incorporated" or the abbreviation ne," or "Ca". A professional corporation name must contain the selation "P.A." |
| B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRES</u> | <u>S</u>) |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OF FICE BOX</u>) | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent | fice address in Florida, enter the name of the address: |
| | iorido street address) |
| New Registered Office Address | Florida |

New Registered Agent's Signature, if changing Registered Agents

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

(City)

H/20001757563

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 nacessary)

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 | PT | John Doe | |
|-------------------------------|----------|---------------------|---|
| X Remove | ¥ | Mike Jones | |
| _X Add | SY | Sally Smith | • |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| Change Add xxx Remove | <u>p</u> | CHRIBTOPHER ROBBINS | 2639 DR. MLK JR. STREET NORTH 6T. PETERSBURG, FL 33704 |
| 2) Change Add Remove | <u> </u> | EDMUND J. GEGAN | 2538 DR. MLK JR. STREET NORTH ST. PETERSBURG, FL 33704 |
| 3) Cliange Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | • | | |
| 6) Change Add | | | |

Page 2 of 4

H120001757563

| rom: GFI FaxMaker | To: Division of Corporations - Amendment Section | Page: 7/9 | Date: 7/5/2012 3:07 |
|--|--|----------------|---------------------|
| mending or adding a | idditional Acticles, enter change(s) here: | 1200 | 017575 |
| ach additional sheets, | if necessary). (Be specific) | | |
| | · | | . |
| | | <u> </u> | · |
| | · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · | |
| | | | · |
| | | | |
| | | | |
| | | | <u> </u> |
| | | | |
| n swendatest nimy)/ | les for an exchange, reclassification, or cancellation o | figured chaves | |
| ovisions for impleme (if not applicable, in | ating the amendment if not contained in the amendm | ent itself: | |

H120001757563

From: GFI FaxMaker

To: Division of Corporations - Amendment Section

Page: 8/9

Date: 7/5/2012 3:07;33 PM

H120001757563

| The date of each amendment | (s) adoption: July 5, 20 | 112 | | |
|---|-----------------------------------|--|--|--|
| Effective date <u>if applicable</u> : | July 5, 2012 | | | |
| Ellective Onto 11 Mpp. Lenote. | (no more th | (no more than 90 days after amundment file date) | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/we by the shareholders was/w | * | The number of votes cast for the amendment(s) | | |
| | | s through voting groups. The following statement and to vote separately on the amendment(s): | | |
| "The number of votes | cast for the amendment(s) was | s/were sufficient for approval | | |
| by | (voting group) | | | |
| | (voting group) | | | |
| action was not required. | , , | ctors without shareholder action and shareholder without shareholder action and shareholder | | |
| Dated July | y 5, 2012 | | | |
| Signature / | a.cra- | | | |
| · se | ly a director, president or other | officer - if directors or officers have not been in the hands of a receiver, trustee, or other court dary) | | |
| | Christopher Re | obbins | | |
| | (Typod or pri | nted name of person signing) | | |
| | President | | | |
| | (Title of p | erson signing) | | |

H120001757563