

P04000093295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

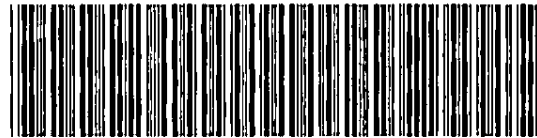
(Business Entity Name)

(Document Number)

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05/14/21--01017--005 **35.00

08/04/2021
JH

FILED
2021 AUG -4 AM 8:26
CLERK OF COURT
JANUARY 1, 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN 28 AM 8:09

June 14, 2021

ABBE POLSYN PSY D, P.A.
420 NW 67TH ST #106
BOCA RATON, FL 33487 US

SUBJECT: ABBE POLSYN, PSY. D, P.A.
Ref. Number: P04000093295

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 121A00013204



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2021

ABBE POLSYN PSY D, P.A.
420 NW 67TH ST #106
BOCA RATON, FL 33487 US

SUBJECT: ABBE POLSYN, PSY. D, P.A.
Ref. Number: P04000093295

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

THE LAST PAGE OF DOCUMENT IS NOT COMPLETED. PLEASE COMPLETE THIS PAGE AND RETURN FOR FILING. IN ORDER TO CHANGE THE PRINCIPAL, MAILING, REGISTERED OFFICE AND OFFICER/DIRECTOR ADDRESSES, YOU MUST ENTER THIS INFORMATION IN SECTIONS B, C, D AND THE SECTION ON THE SECOND PAGE OF THE DOCUMENT LISTING THE OFFICERS AND DIRECTORS WITH THEIR NEW ADDRESSES.

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 921A00016499

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Abbe Patsyn, Byrd, P.A.
Name of Corporation

DOCUMENT NUMBER: P04000093295

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abbe Patsyn, Byrd, P.A.
Name of Contact Person

same as
Firm/Company

420 NW 67th St. #106
Address

Boca Raton, FL 33487
City/State and Zip Code

Abbe.psyd@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abbe Patsyn at (954) 478-6144
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 AUG -4 AM 8:20

Abbe Patsyn, B.S., P.A.

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

904000093295

(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:

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)

Abbe Patsyn, B.S., P.A.

123 NW 13th St

Suite 304-07

Boca Raton, FL 33432

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Abbe Patsyn, B.S., P.A.

123 NW 13th St, Suite 304-07

Boca Raton, FL 33432

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

Abbe Patsyn, B.S.

123 NW 13th St, Suite 304-07

(Florida street address)

New Registered Office Address:

Boca Raton

(City)

Florida

33432

(Zip Code)

*
not a new agent
just address
*

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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) ☒ Change

P

Abbe Idsyn

123 NW 13th St

☐ Add

Suite 304-07

☐ Remove

Boca Raton, FL 33432

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ 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: _____
date this document was signed.

5-11-21

, if other than the

Effective date if applicable: _____

(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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated, _____

8-4-21

Signature _____

Abbe Polsyn, Esq.

(By a director, president or other officer -- if director 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)

Abbe Polsyn, Esq.

(Typed or printed name of person signing)

President

(Title of person signing)