P04000124934

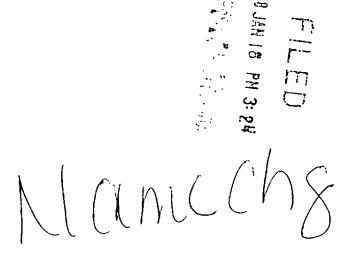
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COVER LETTER

Division of Corporations NAME OF CORPORATION: LAW Offices of Jon B. Cuats, In. P.A. P04000124934 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person COALS Quinn Schmidt
Firm/Company 1519 D. MYC J. St N Address St Petersburg FC 33704
City State and Zip Code Ton @ Ton COATS CAW. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 456-4462
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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation Articles of Incorporation

of			
LAW OFFICES OF JON B.	Cupts, Jn. PA	7	
(Name of Corporation as currently filed with		<u></u>	
0040001249	74		
(Document Number of Corporation	on (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	ofit Corporation adopts the fol	lowing amend	iment(s) t
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A poword "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or	The the abbreviol must contain	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	i/A		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A	* C	- - <u>- n</u>
D. If amending the registered agent and/or registered office address in Flor	rida, enter the name of the	C9	Til
new registered agent and/or the new registered office address:		70	L
Name of New Registered Agent		့ ယ	<u>`</u>
3,1		元	
(Florida street hatters)			
N. D. C. LOW. All.	Plosido		
New Registerea Office Address: (City)	, Plonua	(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 appointment as segments. Signature of New Registered.		ition.	
New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	, Florida, Florida	·	_

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:

 $P \sim President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the F 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	<u>PT</u>	John Doc		
X Remove	<u>Y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	1	<u>Addres</u> s
1) Change			MA	
Add			\wedge	
Remove				
2) Change				-
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change				
Add				
Remove			\vee	
6) Change			n/A	
Add			/	
Remove				

If amending or adding additation (Attach additional sheets, if no	ional Articles, ente	er change(s) her veific)	<u>'e</u> :		
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f an amendment provides to provisions for implementing	or an exchange, re g the amendment	<u>classification, o</u> if not contained	<u>r cancellation o</u> in the amendm	<u>l issued shares,</u> ent itself:	
(if not applicable, indic	ue N/A)			.	
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
tno more than 90 days after amendment file d	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requiren document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes east 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 at action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
Dated 1-15-2018	-
Signature (By a director, president of other officer—judirectors or officers has selected, by an incorporator—if in the hands of a receiver, trustee, appointed likh(ciary by that fiduciary)	ave not been or other court
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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