

PO4000156886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

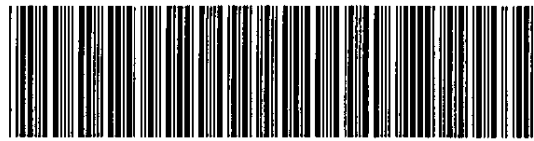
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 23 PM 3:12

Amend/Name
cc
chg
(10) 3/25/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOEL COHEN P.A.

DOCUMENT NUMBER: P 04000156886

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

Please return all correspondence concerning this matter to the following:

JOEL COHEN
(Name of Contact Person)

JOEL COHEN P.A.
(Firm/ Company)

9787 MISSISSIPPI WAY #201
(Address)

WEST PALM BEACH FL 33411
(City/ State and Zip Code)

For further information concerning this matter, please call:

JOEL COHEN at (561) 512-9494
(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)

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

Joel Cohen, P.A.

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

P 04000156886

(Document Number of Corporation (if known))

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

09 MAR 23 PM 3:12

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:

COHEN CONSULTANTS, INC.

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)

9787 MIDSHIP WAY #201
WEST PALM BEACH, FL
33411

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9787 MIDSHIP WAY #201
WEST PALM BEACH, FL
33411

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

LORRAINE COHEN

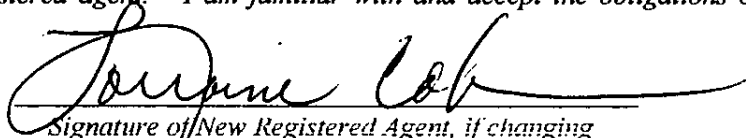
New Registered Office Address

9787 MIDSHIP WAY #201
(Florida Street address)

WEST PALM BEACH, Florida 33411
(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER PRES-	JOEL COHEN	9787 MIDSHIPWAY WEST PALM BEACH FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
OWNER PRES-	LORRAINE COHEN	9787 MIDSHIPWAY WEST PALM BEACH FL, 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<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)

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)

ANY AND ALL SHARES PREVIOUSLY ISSUED TO JOEL COHEN
ARE HEREBY CANCELLED.

The date of each amendment(s) adoption: MARCH 20, 2009

Effective date if applicable: MARCH 20, 2009
(no more than 90 days after amendment file date)

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 MARCH 20, 2009

Signature

Joel Cohen 3/20/09
(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)

JOEL COHEN
(Typed or printed name of person signing)

OWNER / PRES.
(Title of person signing)