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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: Fournier, Connolly	y, Warren & Shamsey, P.A.	
DOCUMENT N	P05000001253		
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	Robert M. Fournier, Esq.		
	<del></del>	Name of Contact Persor	1
	Fournier, Connolly, Warren	& Shamsey, P.A.	
		Firm/ Company	<del> </del>
	P.O. Box 25762		
		Address	<del></del>
	Sarasota, FL 34277		
	<del> </del>	City/ State and Zip Code	2
	rfournier@fournierconnolly.	com	
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	nation concerning this matter, plea	se call:	
Robert M. Fourni	er	at (941	906-1199
Na	ime of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	S43.75 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, El. 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

Fournier, Connolly, Warren & Shamsey, P.A.	2020	
(Name of Corporati	on as currently filed with the Florida Dept. of State)	
P05000001253		
(Docun	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amends	ment(s)
A. If amending name, enter the new name of the co	rporation:	
Fournier, Connolly, Shamsey, Mladinich & Polzak, P.	A. The no	iew
	orporation," "company," or "incorporated" or the abbreviation "Corp." or "Co". A professional corporation name must contain the wo	), ''
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL		_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>		- - -
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>		
Name of New Registered Agent	<u></u>	
	(Florida street address)	
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the position.	
	. a, a and accept the obligations of the promoti-	
Sign	iture 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			···
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Change			
Add		<del></del>	
Remove			
6) Change			
		<del></del>	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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		<u> </u>
nrovisions for implementing the ame	ange, reclassification, or cancellation of issue adment if not contained in the amendment its	a snares, alt
provisions for unprementing the ame	different in the contained in the amendment its	<del>CIT</del>
(if not applicable, indicate N/A)		
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date	)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
~-g	M Mourier	
	director, president or other officer – if directors or officers have led, by an incorporator – if in the hands of a receiver, trustee, or	
	nted fiduciary by that fiduciary)	other court
	Robert M. Fournier	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	