## Po5000008682

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	пе)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700172018597

More Change

03/15/10--01030--011 \*\*43.75



802 3/17/10

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: EVELYN E. LEBLANC P.A.						
DOCUMENT NUMBER: PØ5ØØØØ 8682						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
EVELYN EVANS Name of Contact Person						
EVELYN EVANS P.A.  Firm/Company						
240 115TH AVE #2						
TREASURE ISLAND FL 33706						
City/ State and Zip Code  LYNN. Evans @ Hot Mall. Com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
EVELYN EVANS at (727) 542-4243  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 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment					
to to					
Articles of Amendment to FILED Articles of Incorporation of SECRETARY OF TALL ARTICLES OF AMERICAN ARTICLES OF AME					
of 20/0 Man					
EVELVN E. LERIANC L. H. SECON PASSING					
(Name of Corporation as currently filed with the Florida Dept. of State)  PØ 5 Ø Ø Ø Ø 8682  PØ 5 Ø Ø Ø Ø 8682					
(Name of Corporation as currently fried with the Florida Dept. of State)					
PØ5ØØØØ8682					
(Document Number of Corporation (if known)					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
EVELYN EVANS P.A. 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: 240 115TH AVE #2					
(Dringing) office address MUST RE A STREET ADDRESS)					
TREASURE ISLAND, FL					
33706					
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX) 240 15 TH HVE #2					
TREASURE ISLAND, FL					
33706					
33100					
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:					
new registered agent and/or the new registered office address:					
Name of New Registered Agent: FVELYN EVANS					
a de la companya del companya de la companya del companya de la co					
840 115 TH AUE #2					
New Registered Office Address: (Florida street address)					
TREASURE ISAND ., Florida 3.3706 (City) (Zip Code)					
(City) (7in Coda)					
(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.					
· · · · · · · · · · · · · · · · · · ·					
( Malus (Mala)					
Signature of New Registered Agent, if changing					
digital confirm 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>	Address	Type of Action
D	EVELYN EVANS	240 115 TH AVE #2 TREASURE ISLAND FL, 33706	_ Remove CHANGE LAST NAME TO
<del></del>			EVANS  - Add - Remove ALREDY DID - ON-LINE, SO
			_   Add   MAY ALREAD _   Remove   BECHANGED -
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
	,		
F. Ifanam	endment provides for an exchange, rec	lassification, or cancellation of i	ssued shares.
	ns for implementing the amendment if		
	ot applicable, indicate N/A)		

The date of each amendment(s)	adoption: 3/10/19	0
	(date of a	doption is required)
Effective date <u>if applicable</u> :	o more than 90 days after	amandment file data)
, {///	) more inun 90 aays ajier	amenament fue date)
Adoption of Amendment(s)	(CHECK ONE)	)
The amendment(s) was/were as by the shareholders was/were s		rs. The number of votes cast for the amendment(s)
		ers through voting groups. The following statement led to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was	s/were sufficient for approval
by		,,,
(vo	ting group)	
The amendment(s) was/were a action was not required.	dopted by the board of dir	rectors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporato	ers without shareholder action and shareholder
Dated	3/10/10	<del></del>
Signature	Julys Wa	ss
		officer - if directors or officers have not been in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduc	iary)
	EVELYN	EVANS ed name of person signing)
	(Typed or printe	ed name of person signing)
	DIRECT	ror
_	(Title of person sign	ning)