

P050000065684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

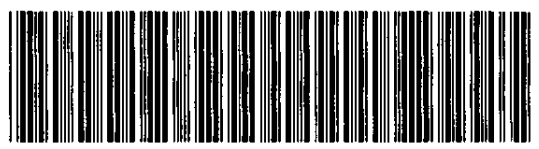
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

07/27/12--01006--005 **35.00

FILED
2012 AUG 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

X00789, 00524, 00671

OR
8/10/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SIMMONS LAW, P.A.
DOCUMENT NUMBER: P05000065684

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

Please return all correspondence concerning this matter to the following:

SHARON L. SIMMONS
Name of Contact Person
SIMMONS LAW, P.A.
Firm/ Company
300 W. ADAMS ST. STE 580
Address
JACKSONVILLE, FL 32202
City/ State and Zip Code
SIMMONSLAW@JUNO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON L. SIMMONS at (904) 354-8837
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2012

Sharon L. Simmons
Simmons Law, P.A.
300 W. Adams Street, Suite 580
Jacksonville, FL 32202

SUBJECT: SIMMONS LAW, P.A.
Ref. Number: P05000065684

We have received your document for SIMMONS LAW, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment is incomplete. Pages 3 and 4 are missing. I have enclosed a blank page 3 and 4 for you to fill out and return to us when you resubmit the entire document.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 812A00019829

Corrected ✓

2012 AUG 10 PM 12:49
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
2012 AUG 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SIMMONSLAW, P.A.

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

PO5000065684

(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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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)

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|----------------------------|--|
| 1) ☐ Change
☒ Add
☐ Remove | <u>T</u> | <u>ELLEN BUSHNELL, CPA</u> | <u>11555 CENTRAL PKWY</u>
<u>STE 101</u>
<u>JACKSONVILLE, FL 32224</u> |
| 2) ☐ Change
☒ Add
☐ Remove | <u>VP</u> | <u>MARGO CASTRO</u> | <u>13400 SUTTON PARK DR S.</u>
<u>STE 1203</u>
<u>JACKSONVILLE, FL 32224</u> |
| 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: _____

7/31/12

Effective date if applicable: _____

(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 _____

8/8/12

Signature _____

Sharon L. Simmons

(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)

SHARON L. SIMMONS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)