P05000073319

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SECRETARY OF STATE

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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Law	Offices of Cheesman & Va	arner, P.A.
DOCUMENT NUMB	BER:	P05000073319	
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corres	pondence concerning thi	is matter to the following:	
		kine Cheesman, Esq	
	N	Jame of Contact Person	
	Law Offices	of Cheesman & Varner, P.A.	
		Firm/ Company	
5589 Okeechobee Blvd., Suite 103,			
		Address	
We		Palm Beach, FL 33417	
	C	ity/ State and Zip Code	
	mcheesma E-mail address: (to be use	n@cheesmanpa.com d for future annual report notification)	
For further information	n concerning this matter,	please call:	
Maxine (Cheesman, Esq		56-1715
Name of C	Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for	r the following amount n	nade payable to the Florida Depar	tment 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 Se Division of Cor P.O. Box 6327	ection	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circ	le

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Law Offices of Cheesman & Varner, P.A.

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

P05000073319

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

ame must de aistinguisnadie ana contair	the word "corporation,"	"company," or "incorporated" or
bbreviation "Corp.," "Inc.," or Co.," or to ame must contain the word "chartered," "p	he designation "Corp," "Inc rofessional association," or	," or "Co". A professional corpora the abbreviation "P.A."
. <u>Enter new principal office address, if ap</u> Principal office address <u>MUST BE A STRE</u>		
. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		
. If amending the registered agent and/or	r registered office address in	Florida, enter the name of the
new registered agent and/or the new re		
Name of New Registered Agent:		·
New Registered Office Address:	(Florida street a	ddress)
New Registered Office Address:	(Florida street a	ddress), Florida (Zip Code)

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>	Type of Action
<u>D</u>	Estelle L. Varner	5589 Okeechobee Blvd Suite 103 West Palm Beach FL 33417	□ Add ☑ Remove
	<u></u>		
	ling or adding additional Articles, iditional sheets, if necessary). (Be		
provisio		e, reclassification, or cancellation of ent if not contained in the amendmen	

The date of each amendment	(s) adoption: 3/26/10
~	(date of adoption is required)
Èffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 3/26	Made Cla
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Maxine Cheesman, Esq
	(Typed or printed name of person signing)
	Director/President
	(Title of person signing)