

P05000083995

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(Address)

(City/State/Zip/Phone #)

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2009 JAN 16 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

1-20-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Antonia M. Patron, P.A.

DOCUMENT NUMBER: POS000083995

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

Please return all correspondence concerning this matter to the following:

Antonia Patron
(Name of Contact Person)

Antonia M. Patron, P.A.
(Firm/ Company)

2900 N Course Dr # 810
(Address)

Pompano Beach, FL, 33069
(City/ State and Zip Code)

For further information concerning this matter, please call:

Antonia Patron at (305) 987-5348
(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:

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee
<u>Sent on 11/14/08</u> | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

January 14, 2009

Att. To: Teresa Brown
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee FL 32314

Ref: Document Number P05000083995
FEIN: 43084018

Thanks for your letter. I only need to change the address of the corporation and, my personal address.

Name of the Corporation: ANTONIA M. PATRON, P.A.

Previous address: 1099 SW 137 PL Miami FL 33184

Present address: 2900 N Course DR # 810 Pompano Beach FL 33069

I am a sole proprietor of the above mentioned small corporation. The principal address of the corporation and the registered agent address is the same.

Thanks for your cooperation,



Antonia M. Patron
2900 N Course DR # 810
Pompano Beach FL 33069
(305) 987-5348 cell
Email: mariapatron@aol.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 16 AM 8:00

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2008

ANTORIA M. PATRON, P.A.
2900 N COURSE DR #810
POMPANO BEACH, FL 33069

SUBJECT: ANTONIA M. PATRON, P.A.
Ref. Number: P05000083995

We have received your document for ANTONIA M. PATRON, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 308A00059009

Articles of Amendment
to
Articles of Incorporation
of

Antonio M. Patron, P.A.

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

P05000083995

(Document Number of Corporation (if known))

FILED
2009 JAN 16 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

2900 N Course DR #810
Pompano Beach FL
33069

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2900 N Course DR #810
Pompano Beach FL
33069

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:

New Registered Office Address:

2900 N Course DR #810
(Florida street address)

Pompano Beach
(City)

Florida 33069
(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>
<u>D</u>	<u>Patron, Antonia M</u>	<u>2900 N Courser Dr #810</u>	<input type="checkbox"/> Add
		<u>Pompano Beach, FL</u>	<input type="checkbox"/> Remove
		<u>33069</u>	<input checked="" type="checkbox"/> Address Change
			<input 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)

The date of each amendment(s) adoption: 12/9/08

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 12/9/08

Signature ma batin
(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)

Antonia Patron

(Typed or printed name of person signing)

Director

(Title of person signing)