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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Camille A. Coolidg	ge, P.A.	
DOCUMENT NUMBE	P05000092586		•••
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Ca	amille Coolidge Shotwell, E	.sq.	
_		Name of Contact Person	
C	amille A. Coolidge, P.A.		
_		Firm/ Company	
11	0 S.E. 6th Street, Suite 170	0	
_	<u> </u>	Address	
Fī	. Lauderdale, FL 33301		
_		City/ State and Zip Code	•
For further information c	E-mail address: (to be us	ed for future annual report	notification)
Camille Coolidge Shotw			761-7781
Name of Contact Person		at (at Co) 761-7781 de & Daytime Telephone Number
	he following amount made p		
■ \$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)
Ameno Divisio P.O. B	ng Address Identification on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently f	iled with the Flor	ida Dent. of State)		
P05000092586	n as currenty .	ned with the vitor	, and the second of the second		
(Docume	ent Number of C	orporation (if knov	vn)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Fla</i>	orida Profit Corpo	ration adopts the fo	llowing amendmo	ent(s) to
A. If amending name, enter the new name of the corp	poration:				
The Coolidge Law Group, P.A.				√_The nev	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the al B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR. C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	' "Inc," or "Co bbreviation "P., RESS)	o". A professional	"incorporated" or I corporation name	the abbreviation	17
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		s in Florida, enter	the name of the		
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:			, Florida		
	1C	iţy)		(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar wit	h and accept the o	bligations of the pos	ition.	
Signat	ture of New Rea	nistered Agent if cl	······································		

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.

X Change	PT John I	<u> Doe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>Jones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u></u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additional sh</i> e	ng additional Article vets, if necessary). (Be specific)			
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-					
				<u> </u>	
	<u></u>				
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			, <u></u>		
			 -	<u>-</u> .	
an amendment proprovisions for impl	ovides for an exchan ementing the amend	<u>ige, reclassificati</u> lment if not cont:	on, or cancellation in the amer	on of issued shares idment itself:	1
(if not applicabl	le, indicate N/A)				
			···		
	>				

The date of each amendment(s) at date this document was signed.	loption:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	36/2017 124/17
selecte	irector, president or other officer - it directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(1. Programme or Francisco
	tresiden +
	(Title of person signing)