## P05000168282

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R. WHITE

## COVER LETTER -

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Keefe, Anchors and	d Gordon, P.A.		
DOCUMENT NUME	P05000168282			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the followin	g:	
	Michelle Anchors			
		Name of Conta	ct Person	
	AnchorsGordon, P.A.			
		Firm/ Com	pany	
	2113 Lewis Turner Blvd., Su	ite 100		
		Addres	is	_
	Fort Walton Beach, FL 3254	7		
		City/ State and	Zip Code	
sriggs	@cricpa.com			
	E-mail address: (to be us	sed for future annu	al report n	otification)
For further informatio	n concerning this matter, pleas	se call:		
Michelle Anchors		850 at (	)	863-1054
Name	of Contact Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Flor	ida Depar	tment of State:
☐ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	y	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O	ling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314		Division Clifton I	nent Section of Corporations

Tallahassee, FL 32301

## Articles of Amendment to

FILED

Articles of Incorporation

(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: AnchorsGordon, P.A. 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) 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 <math>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	<u>PT</u> Jo	ohn Doe	
X Remove	<u>V</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	KEEFE, LAWRENCE	2113 LEWIS TURNER BLVD.
Add			SUITE 100
X Remove			FORT WALTON BEACH, FL 32:
2) Change			
Add			
Remove			
3 ) Change		<del></del>	<del> </del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	ange, reclassification, or	cancellation of issu	ed shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained	in the amendment it	<u>self:</u>	
(;				
<del></del>	<del> </del>			

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as th
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	
Signature	
(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)	
(Typed or printed name of person signing)	
Allace Dechine Discontin	