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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: R. Sherman Inc.						
DOCUMENT NUMBER: P0600001633						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Robin Sherr	man					
	Name of Contact Person					
R. Sherman	Inc.					
	Firm/ Company					
5104 Soundside Drive						
	Address					
Gulf Breeze	, FL 32563					
	City/ State and Zip Code					
robin@popsace	Nafaryou com					
robin@pensaco	(to be used for future annual report notification)					
E-mail address:	(to be used for future annual report nonfication)					
For further information concerning this matter, please call:						
Dehin I Cherman	950 546 9495					
Robin L. Sherman	at (850 ) 516-8185					
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 Certificate of	•					
Mailing Address	Street Address					
Amendment Section	Amendment Section					
Division of Corporations						
P.O. Box 6327 Tallahassee FI 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

R. Sherman Inc.			_
(Name of Corporation as currently file	ed with the Florida Dept. o	of State)	•
P0600001633			_
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
Robin Sherman, P.A.			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the action of the contact of the	" "Inc," or "Co". A profe		bbreviation
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	9		4月0一
D. If amending the registered agent and/or registere new registered agent and/or the new registered of Name of New Registered Agent		a, enter the name of the	8 411/2: 45 8 411/2: 45
	(Florida street address)		
	(1 fortua street additss)		
New Registered Office Address:	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I  Signature of New		<u> </u>	

## 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change				
Add		_		
Remove				
3) Change				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
	• • •
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<del></del> .	
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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)	
(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)	
Robin L. Sherman	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	