

PO6 0000014733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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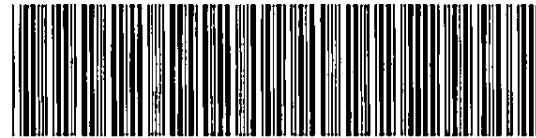
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Joan Ginnell CPA, P.A.

DOCUMENT NUMBER: P06000014733

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

Please return all correspondence concerning this matter to the following:

Joan Ginnell

Name of Contact Person

Firm/Company

1580 Sawgrass Corporate Parkway, Suite 180

Address

Sunrise, FL 33323

City/ State and Zip Code

joanginnell@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Ginnell

at (954)

534-3003

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 | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Joan Ginnell CPA, P.A.

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

P06000014733

(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:**

Joan Ginnell, P.A.

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)

**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)

(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)

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 to 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:

☒ Change      PT      John Doe  
  
☐ Remove      V      Mike Jones  
  
☐ Add      SV      Sally Smith

| Type of Action<br>(Check One)              | Title | Name              | Address                  |
|--|-------|-------------------|--------------------------|
| 1) <input type="checkbox"/> Change         | _____ | _____             | _____                    |
| <input type="checkbox"/> Add               | _____ | _____             | _____                    |
| <input type="checkbox"/> Remove            | _____ | _____             | _____                    |
| 2) <input type="checkbox"/> Change         | s     | Charlotte Ginnell | 12850 WEST STATE ROAD 84 |
| <input type="checkbox"/> Add               | _____ | _____             | DAVIE, FL 33325          |
| <input checked="" type="checkbox"/> Remove | _____ | _____             | _____                    |
| 3) <input type="checkbox"/> Change         | _____ | _____             | _____                    |
| <input type="checkbox"/> Add               | _____ | _____             | _____                    |
| <input type="checkbox"/> Remove            | _____ | _____             | _____                    |
| 4) <input type="checkbox"/> Change         | _____ | _____             | _____                    |
| <input type="checkbox"/> Add               | _____ | _____             | _____                    |
| <input type="checkbox"/> Remove            | _____ | _____             | _____                    |
| 5) <input type="checkbox"/> Change         | _____ | _____             | _____                    |
| <input type="checkbox"/> Add               | _____ | _____             | _____                    |
| <input type="checkbox"/> Remove            | _____ | _____             | _____                    |
| 6) <input type="checkbox"/> Change         | _____ | _____             | _____                    |
| <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: 11/1/17, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/1/17

Signature

Joan B. Ginnell  
(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)

Joan B. Ginnell

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)