## P06000098993

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiliess Entity Name)                 |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TALLAHASSEE FLOOR

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## **COVER LETTER**

'TO: Amendment Section

| Division of Corporations                            |   |   |
|---|---|---|
| NAME OF CORPORATION: NCELY E                        | a, Survios & Ba   | rnavel, P.A.  |
| DOCUMENT NUMBER: PO 60                              | 00098993  |   |
| The enclosed Articles of Amendment and fee are s    | submitted for filing.   |   |
| Please return all correspondence concerning this m  | natter to the following:  |   |
| <u> Veavieure</u> J                                 | D. Justi  |   |
| ecayea, SA  | irm/Company   | rd, P.A   |
| 1390 Hope   | Rood Suite  | (00   |
|   | State and Zip Code  |   |
| E-mail address: (to be used fo                      | r future annual report notification)                              |   |
| For further information concerning this matter, ple | ase call:   |   |
| Martane D. JUSTi<br>Name of Contact Person          | at (407 ) 644-  | 3339  |
| Name of Contact Person                              | Area Code & Daytime Tel   | ephone Number   |
| Enclosed is a check for the following amount made   | e payable to the Florida Depart                                   | ment of State:  |
| \$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) |
| Mailing Address                                     | Street Address  |   |
| Amendment Section                                   | Amendment Section   |   |
| Division of Corporations                            | Division of Corporations  |   |
| \P.O. Box 6327                                      | Clifton Building  |   |
| Tallahassee, FL 32314                               | 2661 Executive Center Circl                                       | C   |

Tallahassee, FL 32301

## **Articles of Amendment**

**Articles of Incorporation** 

| McChyea SANTOS & BAR   | Nard, P.A.   |
|--|--|
| (Name of Corporation as currently filed with t   | the Florida Dept. of State)  |
| P06000098993   |  |
| (Document Number of Corporati  | on (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statut-<br>amendment(s) to its Articles of Incorporation:  | es, this Florida Profit Corporation adopts the following                                       |
| A. If amending name, enter the new name of the corporation   | <u>n:</u>  |
| name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association and the word "corp and t | oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | 5 Hope Road (SAMS)   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | SAME - UNCHANGED  (SHOWE)  |

| D. If amending the registered agent and/or renew registered agent and/or the new registered |                          | a, enter the nan         | ne of the               | 10 APR |   |
|---|--------------------------|--------------------------|-------------------------|--------|---|
| Name of New Registered Agent:   | NIA                      |                          | SSTE                    | -7     | 7 |
| New Registered Office Address:  | (Florida street address) |                          | HH 9: 33 FSTATE FLORIBA |        |   |
| -   | (City)                   | , Florida_<br>(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)

| Title<br>DA | Name  | Address<br>N(A   | Type of Action  ☐ Add ☐ Remove          |
|-------------|---|--|---|
|             |   |  |   |
|             |   |  |   |
|             | ling or adding additional Articles, ent<br>dditional sheets, if necessary). (Be spe                 |  |   |
| provisio    | nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A) | eclassification, or cancellati<br>if not contained in the amer | ion of issued shares,<br>ndment itself: |
|             | NIA   |  |   |
|             |   |  |   |

| The date of each amendment(s) adop                                    |   |
|---|---|
| Effective date <u>if applicable</u> :                                 | 4 (date of adoption is required)  |
|   | re than 90 days after amendment file date)  |
| Adoption of Amendment(s)  | (CHECK ONE)   |
| The amendment(s) was were adopt by the shareholders was/were suffice. | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.   |
| The amendment(s) was/were appromust be separately provided for each   | ved by the shareholders through voting groups. The following statement ch 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  | group)  |
| (voting   | group)  |
| The amendment(s) was/were adopt action was not required.              | ed by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were adopt action was not required.              | ed by the incorporators without shareholder action and shareholder  |
| Dated_ 4  | 6/2010  |
| Signature (By a direct  | of, president or other officer of directors or officers have not been   |
|   | an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)                                     |
|   | (Typed or printed name of person signing)   |
|   | Philar Dinector (Title of person signing)   |