## P060001000035

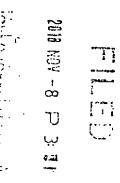
(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ation: <u>Wallcapp</u> er: <u>P060001002</u> 3	Architecture	& Interior Design, P.A.
	of Amendment and fee are su		
	oondence concerning this ma		
- -	Free Wallrupp Arc 7015 Howar Tampa, FL	Name of Contact Perso	Aterior Design, P.A. 06-351
	concerning this matter, pleas	se call:	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$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)
Amer Divis P.O.	ing Address Indiment Section Identification of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address  Innent Section on of Corporations on Building Executive Center Circle assee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of	
Wallraff Architecture & In	Gror Design, P.A.
	filed with the Florida Dept. of State)
P06000100935	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association." or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Frederick Wa	11ra.PP
	Suif 106-351
New Registered Office Address: TOMPO.	FL Florida 33606 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the second s	0 1
Signature of New Reg	istered 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 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.

E. Xample: X. Change	<u>PT</u> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>5T</u>	Frederick Wallrapp	2802 W Fountain Blvd
X Add			Tampa, FL 33409
Remove			
2) X Change	PD	Ana R Wallrapp	2802 W Fountain Blud
Add			Tampa FL 33609
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here; (Be specific)
NIA	
1/14	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NIA	

The date of each amendment(s) adoption: 11-6-70(8) late this document was signed.	, if other than the
Effective date if applicable: 11-6-2018  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w locument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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.	
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)	
Ana R Wallrapp (Typed or printed name of person signing)	
Director	
(Title of person signing)	<del> </del>