# 206000133795

(Requestor's Name)	
(Address)	90014640
(Address)	80014640
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/23/0901
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ALL RIPAGOLES
·	
	I. NC
	11-19

Office Use Only



9838

TB 4-15-01

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Blaxberg &	Johnson, P.A.	
DOCUMENT NUMBER: P06000133795	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	ey D Blaxberg	
(Name of	Contact Person)	
Blaxbe	erg & Associates, P.A.	
	n/ Company)	
	47 5th Ave N	****
(.	Address)	
St Petersbu	rg, FL 33713-8011472	
(City/ Sta	te and Zip Code)	
For further information concerning this matter, p	lease call:	
	at ( )	
(Name of Contact Person)	at () (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Dep	partment of State:
\$35 Filing Fee & Certificate of Status	S43.75 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 Cornorations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2009

CAREY D BLAXBERG BLAXBERG & ASSOCIATES, P.A. 2047 5TH AVE N ST PETERSBURG, FL 33713

SUBJECT: BLAXBERG & JOHNSON, P.A.

Ref. Number: P06000133795

We have received your document for BLAXBERG & JOHNSON, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The incorporator listed in the Articles for this corporation is Carey Blaxberg. Please have the correct person sign the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 609A000099

Letter Number: 609A000099

Letter Number: 609A000099

## **Articles of Amendment**

·	to, Articles of Incorporation of	TALEGRAPH IS MY
	Blaxberg & Johnson, P.A.	35 E. S. 30
(Name of Co	orporation as currently filed with the Florida De	pt. of State)
06000133795	(Document Number of Corporation (if known)	

Blaxberg & Associates, P.A.		
The new name must be distinguishable and conta fincorporated" or the abbreviation "Corp.," "Inc.," o "Co". A professional corporation name must c association," or the abbreviation "P.A."	r Co.," or the designation	on "Corp," "Inc," or
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered		, enter the name of th
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agent. osition.	I am familiar with and a	sccept the obligations
Signature o	of New Registered Agent, if	<sup>c</sup> 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	<u> </u>		
			Remove
		<del></del>	☐ Remove
E. If amei	nding or adding additional Articles, e	nter change(s) here:	
(anach	additional sheets, if necessary). (Be s		
F. If an a	mendment provides for an exchange	reclassification, or cancell	ation of issued shares,
	ions for implementing the amendmen not applicable, indicate N/A)	it it not contained in the an	iendment itseif:
	***************************************		
	· · · · · · · · · · · · · · · · · · ·		

Effective date if applicable:	2/10/09
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
_	re adopted by the incorporators without shareholder action and shareholder
☐ The amendment(s) was/wer	IP-
The amendment(s) was/wer action was not required.  Dated 02/10/  Signature (By selection)	IP-
The amendment(s) was/wer action was not required.  Dated 02/10/  Signature (By selection)	a effector, president other officer – indirectors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
The amendment(s) was/wer action was not required.  Dated 02/10/  Signature (By selection)	a director, president other officer – indirectors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
The amendment(s) was/wer action was not required.  Dated 02/10/  Signature (By selection)	a effector, president other officer – indirectors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)