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ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HARVEY R. SCHNEIDER, P.A.
DOCUMENT NUMBER: PO7000020527
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HARVEY SCHNEIDER
Name of Contact Person
HARVEY R. SCHNEIDER, P.A.
Firm/ Company
5301 NORTH FEDERAL HWY STE 265
Address
BOCA RATON, FL 33487
City/ State and Zip Code
barbara@allcountrytitle.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: HARVEY SCHNEIDER 561 391-9199
at (30,)
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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment
Articles of Incorporation
Harvey R. Schneider, D.A.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u>+0.1000000527</u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N D The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.4."
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 N
5301 NORTH FEDERAL HWY STE 265
(Florida street address)
New Registered Office Address: BOCA RATON , Florida 33487 (City) (Zip Code)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the familian.
Signature of New Registered Agent, if changing. C.
Signature of New Registered Agent, if changing C

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		N/W	
Add			
Remove			
2) Change		4/0	
Add		·	
Remove			
3) Change		4/2	
Add			
Remove			
4) Change		N/8	
Add			
Remove			
5) Change		N/ &	
Add			
Remove			
6) Change		NIP	
Add			
Remove			

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an amendment pr	ovides for an exchange, r	eclassification, or	cancellation of issu	ed shares,	
<u>rovisions</u> for impl	ementing the amendment le. indicate N/A)	t if not contained in	the amendment it	self:	
	e. indicate N/A)				
NIC					
			<u></u>		
	-				

	09/01/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	
0 Effective date <u>if applicable:</u>	9/01/2017	
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
1018/201 Dated	7	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	en ourt
	HARVEY SCHNEIDER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	