

PO7000114841

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(City/State/Zip/Phone #)

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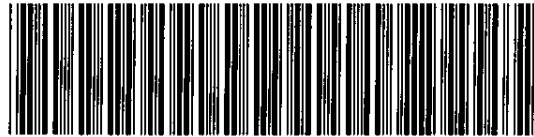
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name chg
@ 5/13/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Law Office of Angi H. To, P.A.

DOCUMENT NUMBER: P07000114841

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

Please return all correspondence concerning this matter to the following:

Angi H. Comas

(Name of Contact Person)

Law Office of Angi H. Comas

(Firm/ Company)

4230 S. MacDill Avenue, Ste. B

(Address)

Tampa, Florida 33611

(City/ State and Zip Code)

For further information concerning this matter, please call:

Angi H. Comas

(Name of Contact Person)

at (813) 868-4414

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2008

ANGI H. COMAS
LAW OFFICE OF ANGI H. COMAS
4230 S. MACDILL AVENUE - STE. B
TAMPA, FL 33611

SUBJECT: LAW OFFICE OF ANGI H. TO, P.A.
Ref. Number: P07000114841

We have received your document for LAW OFFICE OF ANGI H. TO, 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.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 708A00027034

RECEIVED
2008 MAY 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 12 PM 2:52
ation

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

[illegible]

(The following information was obtained from the records of the Department of Health, Education and Welfare, Washington, D.C., Office of Research and Statistics, Bureau of Census, Division of Vital Statistics.)

(continued)

The date of each amendment(s) adoption: March '25, 2008

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

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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)

Angi H. Comas

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35