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COVER LETTER

TO: Amendment Section Division of Corporations

N 11 1

NAME OF CORPORATION: WEAVER LOVELESS LAW, P.A.

DOCUMENT NUMBER: P07000133520

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

Please return all correspondence concerning this matter to the following:

JAMES M. WEAVER

Name of Contact Person

WEAVER LOVELESS LAW, P.A.

Firm/ Company

240 EAST PARK AVENUE

Address

LAKE WALES, FL 33853

City/ State and Zip Code

sloveless@lakewaleslaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES M. WEAVER at (863) 676-6000 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

□\$43.75 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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WEAVER LOVELESS LAW, P.A.

.

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

P07000133520

.

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address <u>MUST BE A STREET ADDRESS</u>)

 C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST of</u>) D. <u>If amending the registered agent an</u> new registered agent and/or the new <u>Name of New Registered Agent</u> 	//or registered office address in Florida, enter the name of the registered office address:	SECKET STELLE TURIDA	25 2019 DEC -9 AM 10: 25	FILED
	(Florida street address)			
<u>New Registered Office Address</u> :	, Florida,	 (Zip Co		

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 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)

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 hold. 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.

Example: <u>X</u> Change	е, апа за <u>РТ</u>	John Dog	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	ST	KAREN M. WEAVER	POST OFFICE BOX 466
Add Remove			LAKE WALES, FL 33859-0466
2) X Change	PTD	JAMES M. WEAVER	POST OFFICE BOX 466
Add			LAKE WALES, FL 33859-0466
Remove	VSD	SHELBY L. LOVELESS	POST OFFICE BOX 466
3) Change			LAKE WALES, FL 33859-0466
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ad	ng or adding additional Articl ditional sheets, if necessary)	(Be specific)			
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f an am <u>e</u>	ndment provides for an exchar	<u>ige, reclassification</u>	on, or cancellation	n of issued shares,	
provision	is for implementing the amend	<u>lment if not conta</u>	ined in the amend	<u>lment itself:</u>	
(y n	ot applicable, indicate N/A)				
		.			

OCTOBER 1, 2019

The date of each amendment(s) adoption: late this document was signed.

Effective date if applicable:

OCTOBER 1, 2019

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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.

DECEMBER 5, 2019 Dated 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)

JAMES M. WEAVER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

, if other than the

2019