P08000020893

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300257631833

03/11/14--01021--005 **35.00

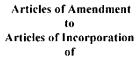


Amend Mame

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	RATION: Law Office		lliams, P.A.	
	of Amendment and fee are su		<u> </u>	
	-	-		
Prease return all corre	spondence concerning this ma	tter to the following:		
	Felicia M. William	ns		
		Name of Contact Person	1	
	Law Office of Fel	icia M. Williams,	P.A.	
		Firm/ Company		
	Post Office Box 4	7388		
		Address		
	Tampa, Florida 3	3646		
	<u></u>	City/ State and Zip Code	e	
fmy	williamsesq@gma	il com		
		sed for future annual report	notification)	
		·		
For further information	n concerning this matter, pleas	se call:		
Felicia M. W	illiams	813	<u>.</u> 944-9495	
Name	of Contact Person	Area Co) 944-9495 de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
	iling Address	Street	Address	
Amendment Section		Amendment Section		
	ision of Corporations . Box 6327	ns Division of Corporations Clifton Building		
	lahassee, Ft. 32314		xecutive Center Circle	
	Tallahassee, F1, 32301			





Law Office of Felicia M. Williams, P.A.

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

P08000020893

(Document Number of Corporation (if known)

mendment(s) to

The Father's Law Group,			
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mus "P.A."	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		2255 Ashley Oaks Circle	
		Suite 101	
		Wesley Chapel, Florida 3354	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Post Office Box 47388	
		FOST Office DOX 47 300	
		Tampa, Florida 33646	
(Mailing address <u>MAY BE A POST C</u>	<u>DFFICE BOX</u>) d/or registered office add	Tampa, Florida 33646 Press in Florida, enter the name of the s:	
(Mailing address MAY BE A POST O	office BOX) d/or registered office address Felicia M. Willia	Tampa, Florida 33646 Press in Florida, enter the name of the s:	
(Mailing address MAY BE A POST Of the Mailing address of the May BE A POST Of the Mailing address of the May BE A POST Of the New Mailing address of the New May	d/or registered office addresses Felicia M. Willia 2255 Ashley Oa	Tampa, Florida 33646 Press in Florida, enter the name of the six times ks Circle, Suite 101 Preet address)	
(Mailing address MAY BE A POST O	d/or registered office add registered office addres Felicia M. Willia 2255 Ashley Oa	Tampa, Florida 33646 Press in Florida, enter the name of the s: Ims ks Circle, Suite 101 Preet address) Florida 33544	

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		-	
Remove			
2) Change			
Add Remove			
3) Change	-		
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change	-		
Remove			

ttach additional sheets, if necessary	Articles, enter change(s) here: v). (Be specific)
-	h
	-
an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the ar	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A))

The date of each amendment(s) adoption: 2/26/2014	_, if other than the
date this document was signed.	
Effective date if applicable: 2/26/2014	_
(no more than 90 days after amendment file date)	
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 east 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.	
Dated 02/26/2014	
Signature — Hill a W	
(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)	→
Felicia M. Williams	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_