

PO8000042879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

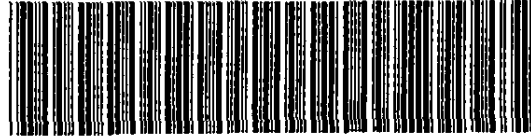
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 04 2013
R. WHITE

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13 APR 27 AM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2013

MR. BENJAMIN BOND CPA
PODAB INC.
1001 N WASHINGTON BLVD.
SARASOTA, FL 34236 US

SUBJECT: PODAB, INC.
Ref. Number: P08000042879

We have received your document for PODAB, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT MUST BE COMPLETED IN IT'S ENTIRETY. A.) PLEASE PRINT THE NAME OF THE CORPORATION AS IT APPEARS IN OUR RECORDS AT THE TOP OF PAGE 1.B.) PAGE 4 IS MISSING. PLEASE COMPLETE THE ENCLOSED MISSING PAGE.

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 813A00005746



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 MAR 27 AM 8:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 12, 2013

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Rebekah White
Regulatory Specialist

Letter Number: 813A00005746

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PODAB, INC.

DOCUMENT NUMBER: PD 8000042879

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

Please return all correspondence concerning this matter to the following:

MR. BENJAHIN BOND CPA
Name of Contact Person

1001 N. WASHINGTON BLVD.
Firm/Company
Address

SARASOTA, FLORIDA 34236
City/State and Zip Code

BENJAHIN.BOND@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MR. BEN BOND at (941) 951-1883
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

PODAB, INC.

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

P08000042879

(Document Number of Corporation (if known))

FILED
13 MAR 27 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MUST BE A STREET ADDRESS)

% BENJAMIN BOND
1001 N. WASHINGTON BLVD, SARASOTA, FL 34236

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 2257
SARASOTA, FL 34230-2257

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 MR. BENJAMIN BOND
1001 N. WASHINGTON BLVD,
(Florida street address)

New Registered Office Address: SARASOTA, Florida 34236
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

X BENJAMIN J. BOND BENJAMIN J. BOND, CPA, P.A.
Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 3/15/13

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

Adoption of Amendment(s) (CHECK ONE)

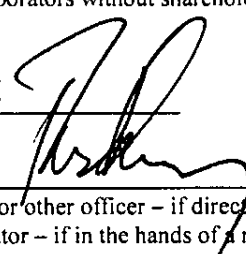
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

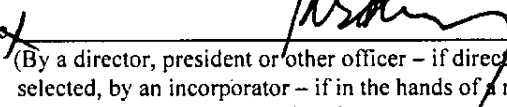
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated 3/15/13 

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)

ROBERT SELLBERG

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)