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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Clau	de Grubbs, P	A
DOCUMENT NUMBER: POSO	00082644	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
David Mid	Contact Person)	
Midgett Law (Firm	Firm, PLLC n/Company)	
507 NE 8	Aue. Address)	
Ocala FL (City/Sta	34470 te and Zip Code)	
For further information concerning this matter, p	,	
Jeannie Shipa (Name of Contact Person)		
Enclosed is a check for the following amount ma		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	S43.75 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 Cir	cle

Tallahassee, FL 32301

Articles of Amendment

Austolo	f. I	-
Articles	s of Incorporation of	8.
Claude		
(Name of Corporation as current	tly filed with the Florida Dept. of	State)
£08000082		<u></u>
(Document Numbe	er of Corporation (if known)	
rsuant to the provisions of section 607.1006, lowing amendment(s) to its Articles of Incorpor	Florida Statutes, this <i>Florida Pre</i> ration:	ofit Corporation adopts
If amending name, enter the new name of th	ne corporation:	
e new name must be distinguishable and accorporated" or the abbreviation "Corp.," "It o". A professional corporation name is sociation," or the abbreviation "P.A."	contain the word "corporation" Inc.," or Co.," or the designatio	on "Corp," "Inc," or
Enter new principal office address, if application incipal office address MUST BE A STREET A		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
If amending the registered agent and/or reg new registered agent and/or the new registe		enter the name of the
Name of New Registered Agent:		<u></u>
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changing	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
provision	endment provides for an exchange, recl as for implementing the amendment if r applicable, indicate N/A)	assification, or cancellation of issociation of issociation of in the amendment	sued shares, itself:
N	/A		

The date of each amendmen	t(s) adoption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more man 70 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	11/1/08
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)