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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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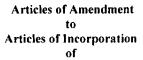
TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: <u>EquiVe</u>	st Law P.A.	·2
DOCUMENT NUMB	EK;/ y o	DY Y Y TOCK	
The enclosed Articles of	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
-	Dary/ L.	Tones Name of Contact Person	
		Name of Contact Persor	l
_	Equillest	Low, P.A.	
		Name of Contact Person Low, P.A. Firm/ Company	. 50 1. 400
_	8925	SW 1480's	t. Suite 100
		11001033	
_	//jom	City/ State and Zip Code	<u></u>
		City/ State and Zip Code)
	dimes a	Lawivest law	con.
	E-mail address: (to be us	g wivest low.	notification)
For further information	concerning this matter, pleas	e call:	
Da	ry/ L. Jones	at (305	969-3602
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divis	ing Address ndment Section ion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301





EquiVest Law, P.A.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
PØ8 ØØ ØØ 92 492	
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Law Offices of Dary/ L, C	Tones, P.A. The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the .A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14707 South Dixie Highway PH-402 Miami, FL 3317 5
C. Enter new mailing address, if applicable:	Miami, FL 3317 7
(Mailing address MAY BE A POST OFFICE BOX)	Same FILE D
D. If amending the registered agent and/or registered office address	- 10: 2: 10: 2:
new registered agent and/or the new registered office address:	Tones
Name of New Registered Agent Dory/ L.	Dixil Huy, PH-402
(Florida stree	t address)
New Registered Office Address: Miomi (City)	, Florida_ <u>33/76</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	NUW Address
1) X Change Add Remove	P	Dary/ L. Jones	14707 South Dixie Highway PH-402 Miami, 1-L 33176
2) Change Add Remove		<u>. </u>	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Artic	cles, enter change(s) here: (Re specific)
(attach additional sheets, if necessary).	(be specific)
,	
	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s
N/A	
•	
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The date of each amendment(s) a	eduction: February 15, 2012
Effective date if applicable:	March 1, 2012
Ellective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	ebrupy 18, 2012
Signature	Dary Jones
	director, president or other officer if directors or officers have not been ed, by an incorporator - it in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	Dary/ L. Jones
	(Typed or printed name of person signing)
	President
	(Title of person signing)