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TALLAHASSEE FLANGE

N.C.

AUG 28 2009

EXAMINER

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** FlORIDA ATTORNEY GROUP PA NAME OF CORPORATION: \_\_\_ DOCUMENT NUMBER: PO900008440 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 1 ARK Hollancles Hollmelor & Associates 59 DAY AVE # 18 HOLLMJ DAOL. (3M)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK HOLLAND at (359) 495-995K

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 & ■\$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

FLOR FOA  (Name of Corporation as current	AHORNEY	6ROU	ia PA	
(Name of Corporation as current	tly filed with the Flo	rida Dept. of St	ate)	
<b>A</b>				
(Document Number	er of Corneration (if l	(nown)		
(Document Number	er or Corporation (it i	Kilowii)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this	s Florida Profit	Corporation ado	pts the following
A. If amending name, enter the new name of the	he corporation:			
Florioa LAW Atname must be distinguishable and contain the	•	Roul	PA	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the doname must contain the word "chartered," "professions"	esignation "Corp," "	'Inc," or "Co".	A professional c	d" or the orporation
B. Enter new principal office address, if applic	able:			_
(Principal office address MUST BE A STREET.	ADDRESS )			
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE)</li> <li>D. If amending the registered agent and/or registered agent and/or the new registered.</li> </ul>	ustered office addres	ss in Florida, en	SECIE IMRY OF SIAI EN STEURIDE OF THE NAME OF THE NAME OF THE PROPERTY OF THE	09 AUG 27 PH 2: 23
new registered agent and/or the new registe	red office address:			
Name of New Registered Agent:				
<u>New Registered Office Address</u> :	(Florida stree	et address)		
			, Florida	
	(City)	(Zi	p Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		h and accept the	obligations of the	e position.
	<del>-</del>	•		-
Sign	nature of New Registe	ered Agent, if cha	anging	

## 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)

(11114011440	institut Bribers, y riceessury)	•		•
<u>Title</u>	<u>Name</u>	Address		Type of Action
		÷		□ Add
		<del></del>	<del> </del>	☐ Remove
				☐ Add ☐ Remove
				L Remove
				☐ Add ☐ Remove
E. If amen	ding or adding additional Artic	les, enter change(s) he	<u>re</u> :	
(attach a	additional sheets, if necessary).	(Be specific)		
			· · · · · · · · · · · · · · · · · · ·	
F Hana	mandmant nyayidaa fay an ayah	anga maalaggiffaation	on concellation of in-	. d
provisi	mendment provides for an exch ons for implementing the amen	dment if not contained	in the amendment its	ed snares, self:
(if r	not applicable, indicate N/A)			<del></del>
	·····			
****		<del></del>		<del> </del>
			č	

The date of each amendment(	s) adoption: <u> </u>
· Effective date <u>if applicable</u> :	(date of adoption is required)
<u>ii uppiicuore</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemer for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	3-24-09
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	GRAN GWENRY (Typed or printed name of person signing)
	(Typed or printed name of person/signing)
	(Title of person signing)