## P09000051090

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: CAVANAUGH, KLRBY & CAVANAUGH, P.A.					
DOCUMENT NUMBER: P09000051090					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    USA P. Kurby   Name of Contact Person   Cavanaugh Luby + Cavanaugh P.A.   Employed					
Naples FL 34103 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (239) 434-5454  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation Cavanayah Kurbu & Cavanayah (Name of Corporation as currently filed with the Florida Dept. of State) P09000051090 (Document Number of Corporation (if known) 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida 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. Signature of New Registered Agent, if changing

## 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	PT John	Doe	
X Remove	V Mike	: Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	₹P_	Shayna Cavanaugh	20 Green St.
Add		•	Montpelier, VT 05651
× Remove			
2) Change	5	Dan cavanaugh	20 Green St
Add			Montpelier, VT 05651
× Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
. [ ] a			
5) Change			
Add			
Remove			
6) Change			
Add	·		
Remove			

	nal sheets, if n	itional Articles, ( necessary). (Be	specific)					
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rovisions fo (if not ap	r implementis plicable, indic	ng the amendme cate N/A)	<u>nt if not</u>	<u>contained</u>	in the amen	dment itself:		

The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.		
Effective date if applicable:	March 1, 2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	·
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated Feb 14	1,2015	
Signature (By a directo	r. bzy.  or, 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 duciary by that fiduciary)	
	(Typed or printed name of person signing)	· 
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	