## P09000074299

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
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## **COVER LETTER**

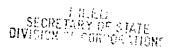
**TO:** Amendment Section Division of Corporations

+ ,1

NAME OF CORPORATION: Rachel Rall, Atto	orney at Law, P.A.	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Rachel Rall, Esquire		
	Name of Contact Person	3
Rachel Rall, Attorney at La	w, P.A.	
	Firm/ Company	
1723 Blanding Blvd. #101		
	Address	**************************************
Jacksonville, FL 32210		
<del></del>	City/ State and Zip Code	<del></del>
rrallesq@comcast.net		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	rase call:	
Rachel Rall, Esquire	at (	683-6294
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Rachel Rall, Attorney at Law, P.A.

16 APR 20 PM 1:39

P000074299		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation	on:	
n/a	The new	
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."	
3. Enter new principal office address, if applicable:	1723 Blanding Blvd., #101	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Jacksonville, FL 32210	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1723 Blanding Blvd., #101	
	Jacksonville, FL 32210	
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ac</li> </ol>		
Name of New Registered Agent		
nume of New Neglaterea rigem		
(Flor	rida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	Agent: niliar 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.

Example: 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)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2)Change		_		***	
Add					
Remove					
3) Change	<del></del>		<del></del>		
Add					
Remove					
4) Change		/		40.00	
Add					<del></del> .
Remove					
5) Change		<u> </u>		Anna tana and tana	
Add /					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
·····	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the afne (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(tj noi applicable, thatcule N/A)	
/	
/	
/	

•	April 11, 2016	
The date of each amendment date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	April 11, 2016	SECRETARY OF STATE OIVISION OF CORPORT TIONS
<del></del>	(no more than 90 days after amendment file date)	16 APR 20 PM 1: 39
	his block does not meet the applicable statutory filing requirements to Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the americal sufficient for approval.	ndment(s)
	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sh	areholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareh	older
April Dated Signature	Macul Kall	
· · · · · · · · · · · · · · · · · · ·	y a director, president or other officer - if directors or officers have n	
	lected, by an incorporator – if in the hands of a receiver, trustee, or of pointed fiduciary by that fiduciary)	her court
	Rachel Rall	
	(Typed or printed name of person signing)	
	President/Owner	
	(Title of person signing)	