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## COVER LETTER

TO: Amendment Sec Division of Corp			,	
NAME OF CORPO	RATION: Denise Roberts Sch	effer CPA, PA	,	
DOCUMENT NUM	BER: P09000090886		!	
	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the followin	g: ¦	
	Larry Glenn Harper			
		Name of Conta	ct Person	
	Denise Roberts Scheffer CPA	, PA		
	•	Firm/ Con	ipańy	
	961687 Gateway Blvd Suite 101D			
		Addres	ss I	
	Amelia Island, Florida 32034			
		City/ State and	Zip Code	
		- ·	ľ	
lgha_	rper57@yahoo.com			
	E-mail address; (to be use	ed for future annu	al report n	otification)
For further information	on concerning this matter, please	e call:	į	
Sonia Harper		90 at (	اد	729-1850 e & Daytime Telephone Number
Name	of Contact Person		Área Cod	e & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	ayable to the Flor	rida Depar	tment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address lendment Section vision of Corporations b. Box 6327 lahassee, FL 32314		Division Clifton I 2661 Ex	address nent Section n of Corporations Building secutive Center Circle

## Articles of Amendment to Articles of Incorporation of

Denise Roberts Scheffer CPA, PA

(Name o	of Corporation as curren	tly filed with the Florida Dep	ot. of State)	•
P09000090886		,		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	idopts the following a	mendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
The Harper Group CPAS, P.A.			T	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbi vation name must con	reviation nain the
B. Enter new principal office address, (Principal office address MUST BE A S		<u>.</u> ŋ/a		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)	icable: <u>OFFICE BOX</u> )	n/a	SECRETASY OF STAD	FILED
D. If amending the registered agent ar new registered agent and/or the ne			me of the ≥	) S
Name of New Registered Agent	n/a	1		
	(Florida :	street address)		
New_Registered Office Address:	n/a		. Florida	
		(City)	(Zip Cod	(e)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position.	
<del>.</del>	Signatura of Von	Ragictored 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 Do	<u>se</u>				
X Remove	<u>v</u>	Mike Jo					
					ı		
X Add	<u>SV</u>	Sally Sn	<u>nitn</u>				
Type of Action (Check One)	<u>Title</u>		Name				<u>Addres</u> s
1) Change					<del></del>		
Add					1		
Remove							
2) Change					i		
Add		_			•		
Remove							
3 ) Change		_			- <del></del>		
Add							
Remove					•		
4) Change					·		
Add		_					
Remove							
5) Change					, I		
Add	<del>.,</del>			-	<u>;</u> 	-	
Remove				i			
				•			
6) Change		_					
Add							
Remove							

If amending or adding additional Articles, enter ch (Attach additional sheets, if necessary). (Be specific	ange(s) here:	
a		
	<u> </u>	
	<u> </u>	
	i	
	<u> </u>	
	i	
	<u> </u>	
	!	
	!	
If an amendment provides for an exchange, reclass	fication or cancellation of issued sh	ares.
provisions for implementing the amendment if no	contained in the amendment itself:	
(if not applicable, indicate N/A)		
	<u>,                                      </u>	
	1	
	1	

The date of each amendment(s)	n/a sdoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after	amendment file date)
<b>Note:</b> If the date inserted in this document's effective date on the I		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	opted by the shareholders. The number of ufficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting greath voting group entitled to vote separat	
	t for the amendment(s) was/were sufficient	• •
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were a action was not required.	lopted by the board of directors without shared	reholder action and shareholder
☐ The amendment(s) was/were a action was not required.	lopted by the incorporators without shareho	lder action and shareholder
7/27/201		
DatedSignature	1/1 Hansen	
(By a selec	director, president or other officer – if directed, by an incorporator – if in the hands of a need fiduciary by that fiduciary)	
	Larry Glenn Harper	
	(Typed or printed name of pers	son signing)
	President	
	(Title of person sig	ening)