P10000079289

(Re	equestor's Name)			
(Ac	dress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL.		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600256034366

02/13/14--01005--028 **52.50

FFR 1 4 2014 C. CARROTHERS 14 FEB 13 PK 2: 36
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Anthony W.	Chauncey, P.A					
DOCUMENT NUMBER: P10000078289						
The enclosed Articles of Amendment and fee are subn	nitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
Anthony W. Chaur	псеу					
	Name of Contact Person					
Anthony W. Chaur	ncey, P.A.					
	Firm/ Company					
Post Office Box 54	8 9038 133r	d Road				
	Address	_				
Live Oak, Florida 3	32064					
	City/ State and Zip Code					
achauncey@windstrea	am.net					
E-mail address: (to be used		notification)				
•						
For further information concerning this matter, please	call:					
Anthony W. Chauncey	at (386	, 688-2989				
Name of Contact Person		le & Daytime Telephone Number				
Enclosed is a check for the following amount made pa	yable 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301				

Articles of Amendment Articles of Incorporation

FILED

Anthony W. Chauncey, P.A.

14 FEB 13 PM 2: 36

(Name of Corporation as currently filed with the Florida Dept. of State) P10000078289

SECRETARY OF STATE TALLAHASSEE, FLORIDA

nent(s) to

A. <u>If amending name, enter the new nam</u> The Chauncey Law Firm, I			en.
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association	in the word "corporation ion "Corp," "Inc," or "C	o". A professional corporation n	
3. Enter new principal office address, if Principal office address <u>MUST BE A STF</u>	applicable:	NA	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		NA	
		ss in Flouida, antay the name of t	
new registered agent and/or the new i	registered office address:	ss in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new i	or registered office address:	ss in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new new new new new new new new new ne	registered office address:	et address)	<u>he</u>
	registered office address: VA	et address), Florida	ip Code)

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 Do	<u>be</u>	
X Remove	Y	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	···	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If ar</u>	mending or adding additional Articles, e	nter change(s) here:	
	ach additional sheets, if necessary). (Be	specific)	
NA			
	-		
	- · · · · · · · · · · · · · · · · · · ·		
F. <u>If aı</u>	an amendment provides for an exchange,	reclassification, or cancel	lation of issued shares,
pro	ovisions for implementing the amendme	nt if not contained in the a	mendment itself:
	(if not applicable, indicate N/A)		
NA			
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment	(s) adoption: January 1, 2014	, if other than the
date this document was signed	January 1, 2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"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.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
_{Dated} Feb	ruary 11, 2014	
Signature	A - J	
(B	by a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
ар	sponned reductary by that reductary)	
	Anthony W. Chauncey	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	

FILED

14 FEB 13 PM 2: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA