## P11000008151

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: The Law Offices of	of Amber Boles, PA	
DOCUMENT NUM	P11000008157		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Chris Boles		
		Name of Contact Person	n
	The Law Offices of Amber B	Boles, PA	
		Firm/ Company	•
	6506 N. Florida Avenue, Sui	ite 101	
		Address	
	Tampa, FL 33604		
		City/ State and Zip Code	e
adm	iin@boleslawoffice.com		
·	E-mail address: (to be u	sed for future annual report	notification)
<b>,</b> •			THE MIDDLE
	on concerning this matter, plea		
,		• .	•
Chris Boles		at (813	237-6633
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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 Tallaha	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301
* * * * * * * * !!	PS Mittiglione Prince	tte versen statistis frakrit	Charles of the said

## **Articles of Amendment** to Articles of Incorporation of

FILED
2015 DEC 14 PH 2:

he Law Offices of Amber Boles, PA		TALLERE TERM " Z: 13
(Name of Cor	poration as current	ly filed with the Florida Dept. of State) - UT STATE
11000008157		FLORIDA
	(Document Number o	f Corporation (if known)
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of	the corporation:	
he Law Office of Amber Boles, PA		The new
	"Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
. Enter new principal office address, if app	dicable:	306 SOUTH BOULEVARD
Principal office address MUST BE A STREE		TAMPA, FLORIDA 33606
Enter new mailing address, if applicable:		306 SOUTH BOULEVARD
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		TALERA DI ONDA 22000
		TAMPA, FLORIDA 33606
		TAMPA, FLORIDA 33606
		TAMPA, FLORIDA 33606
		ress in Florida, enter the name of the
new registered agent and/or the new regis	stered of fice address	ress in Florida, enter the name of the
<u>Name of New Registered Agent</u> AME	stered of fice address BER BOLES	ress in Florida, enter the name of the
Name of New Registered Agent  Name of New Registered Agent	stered of fice address BER BOLES SOUTH BOULEVAL	ress in Florida, enter the name of the
Name of New Registered Agent  306	SER BOLES  SOUTH BOULEVAI  (Florida sti	ress in Florida, enter the name of the  Si  RD  reet address)
new registered agent and/or the new regis	SER BOLES  SOUTH BOULEVAI  (Florida sti	ress in Florida, enter the name of the

## 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		WW
Add				
Remove				
4) Change		_		·
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change				
Add		_		
Remove				
Remove				

ne -

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  12/9/2015	
Signature  (By a director president of other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court	-
appointed fiduciary by that fiduciary)	
Amber Boles	
(Typed or printed name of person signing)	
President	
(Title Street an signing)	