21PSS0000119

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	-
(City	//State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





400211278534

08/26/11--01005--004 **43.75

ZOIL AUG 26 AH II: II

NC

BYANN 8-29-11

COVER LETTER

TO: Amendment Section.
Division of Corporations

NAME OF CORPORATION:	LAW OFFICES OF KEVIN M. LYONS, P.A.				
DOCUMENT NUMBER:	P11000022915				
The enclosed Articles of Amendme	nt and fee are submitted for filing.				
Please return all correspondence co	ncerning this matter to the following:				
	KEVIN M. LYONS				
	Name of Contact Person				
· 	KEVIN M. LYONS, P.A.				
	Firm/ Company				
27	911 CROWN LAKE BLVD., SUITE 201				
	Address				
447	BONITA SPRINGS, FLORIDA 34135				
	City/ State and Zip Code				
E-mail addr	klyons@lyons-law.com ess: (to be used for future annual report notification)				
For further information concerning	this matter, please call:				
KEVIN M. LYONS	Sat (239) 948-1823				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Certificate of					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

LAW OFFICES OF KEVIN M. LYONS, P.A.

P11000022915

rticles of Amendment	P.A. Dept. of State) ALLAHASSER OF ST.
	and the second s
to	
ticles of Incorporation	F/1 ~
of	2011
KEVIN M. LYONS.	P.A. ***********************************
	Dept. of State) ALICAETA
	AHASS OF
	
er of Corporation (if knows	Dept. of State) ALLAHASSEE. FLORIO,
Florida Statutes, this Flor	rida Profit Corporation adopts the follo
he corporation:	
I. LYONS, P.A.	The new
E BOX)	
	Florida, enter the name of the
gistered office address in	Florida, enter the name of the
gistered office address in	ldress)
gistered office address in ered office address:	
	KEVIN M. LYONS, thy filed with the Florida D0022915 er of Corporation (if know Florida Statutes, this Florida corporation:

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Domovo
			T Damara
			□ Domovo
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spe		
			,
provisi	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)		
			

The date of each amendmen	t(s) adoption: August 15, 2011
Fffeative date if applicable	August 15, 2011 (date of adoption is required)
енесиче date <u>и аррисаоте</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_Aug	just 17, 2011
Signature _	Ke M. Gove.
(By sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	KEVIN M. LYONS, .
	(Typed or printed name of person signing)
	PRESIDENT & DIRECTOR
	(Title of person signing)