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2018 FEP - 5 - AMED 18

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COVER LETTER

Division of Corporations NAME OF CORPORATION: FRANCINE RAE KALISH, PA P12000004931 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FRANCINE KALISH Name of Contact Person FRANCINE RAE KALISH, PA Firm/Company 2800 AURORA RD., SUITE E Address MELBOURNE, FL 32935 City/ State and Zip Code francine@brevardprobate.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321) 610-7419

Area Code & Daytime Telephone Number FRANCINE KALISH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

·	(of .	, ,,,
FRANCINE RAE KALISH, PA		2018 FFR -5 AI11	
(Name (of Corporation as curren	itly filed with the Florida Dep	ot. of State)
	P12000	0004931	<i></i>
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation a	idopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
BREVARD PROBATE, PA			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co". A professional corpor	porated" or the abbreviation
B. Enter new principal office address, if applicable:		2800 AURORA RD	
(Principal office address <u>MUST BE A S</u>		SUITE E	
		MELBOURNE, FL 3293.	5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2800 AURORA RD	
		SUITE E	
		MELBOURNE, FL 3293	5
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the na	me of the
new registered agent and/or the new			
Name of New Registered Agent	N/A		
	(Florida street address)		2000-
New Registered Office Address:	MELBOURNE	(2): \	Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	nt:	
I hereby accept the appointment as regist	ered agent. I am familia.	r with and accept the obligation	us 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:

 $P = President; V \neq Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	PT John Dog	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u> \mathcal{N}/\mathcal{A}	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3)Change		<u></u>
Add		
Remove		
4)Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary). (Be specific) A	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)	<u> </u>
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N/A	
	<u> </u>

The date of each amendment(s) adoption: M/A	, if other than the
Effective date if applicable: (No more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will 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	
☐ 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.	
1/31/2018 Dated	
Signature 5 Walsh	
(By a director, president or 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)	
FRANCINE KALISH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	