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SEP 1 1 2003

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: David Graham Insurance Law, P.A. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Graham Name of Contact Person David Graham Insurance Law, P.A. Firm/ Company 210 E Forsyth Street Address Jacksonville, FL 32202 City/ State and Zip Code Help@DavidGrahamInsuranceLaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (386) 454-4878

Area Code & Daytime Telephone Number David Graham 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

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2019 SEP	-
William.	13 A.

David Graham Insurance Law, P.A.

	of Corporation as curren	tly filed with the Florida Dept. of State		
12000040889	or Corporation as curren	Try med with the Florida Depts of State	ANDAINE	
-	(Document Number	of Corporation (if known)	144	
tursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing amendment	
. If amending name, enter the new n	ame of the corporation:			
Pavid Graham Insurance Lawyers, P.A.			The new	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."		
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		210 E Forsyth Street		
		Jacksonville, FL 32202		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		210 E Forsyth Street		
		Jacksonville, FL 32202		
		· · · · · · · · · · · · · · · · · · ·		
		dress in Florida, enter the name of the		
new registered agent and/or the new	David Graham	<u>15:</u>		
Name of New Registered Agent				
	210 E Forsyth Street			
	(Florida s	treet address)		
New Registered Office Address:	Jacksonville	, Florida,	2202	

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 = ChiefExecutive 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) X Change	C1.0	David Graham	210 E. Forsyth Street	
Add			Jacksonville FL 32202	
Remove				
2) Change Add	5	Sarah Graham	210 E. Forsyth Street Jackson Ille FL 3220	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. <u>If amending or a</u> (Attach <i>additional</i>	lding additional A sheets, if necessary,	rticles, enter cha). (Be specific)	nge(s) here:			
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If an amendment	provides for an ex	change, reclassif	ication, or cand	cellation of issu	red shares.	
provisions for in	plementing the anable, indicate N/A)	endment if not o	contained in the	e amendment i	tself:	
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(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 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	
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.	
$\frac{9}{7}/\frac{20}{8}$	
Signature and Mitchell Inhun	.
(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)	
David Mitchell Graham	
(Typed or printed name of person signing)	
CLO	
(Title of person signing)	

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