P12000053986

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COVER LETTER

Division of Corporations NAME OF CORPORATION: TURNER LAW P.A. P12000053986 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KENNETH R. TURNER, Jr. Name of Contact Person TURNER LAW, P.A.
Firm/ Company P.O. Box 3187 3 4/06 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (**239**) **400 - 3733**Area Code & Daytime Telephone Number 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) Street Address Mailing 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

•		· 400 -
Articles of Am	endment	- PO
to		
Articles of Inco	rporation	. S E
of		
URNER LAW, P. A.		<u> </u>
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	유. 유
P12000053986		
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		Ti
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation nam	The new r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2780 HORSESHOE DA	
	_SUITE 3	
	NAPLES, FL 3410	4
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 3187	
	NAPLES, FL 3410	06
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	n address)	
New Registered Office Address:	, Florida	
(City)	(Zip C	'ode)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	osition.
Signature of New Registered Ag	gent, 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	PT	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<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					

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)		
		 	
		.	
	· · · · · · · · · · · · · · · · · · ·		
	·	<u> </u>	
an amendment provides for an exch	ange, reclassification,	or cancellation of issu	ed shares,
provisions for implementing the ame (if not applicable, indicate N/A)	adment if not containe	d in the amendment it	seif:
			

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
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)
(voiing 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 OCTORER, 12, 2012
Signature (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)
(Typed or printed name of person signing)
President
(Title of person signing)