# P13000017941

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# **COVER LETTER**

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: L		,	
document number: P	3000	017941	
The enclosed Articles of Amendme	ent and fee are su	abmitted for filing.	
Please return all correspondence co	ncerning this ma	atter to the following:	
LAU	RIE BA	Name of Contact Person	
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LAUF	21E BR	-IGGS	
- 1 -		Firm/ Company	
243	9 SAFF		
	,	Address	
THE	VILLAC	SES FL 321	62
		City/ Plate and Zin Cade	
lauvie.	briags	e therillag	CS CONA
E-mail	address (to be u	sed for future annual report	notification)
		•	
For further information concerning	this matter, plea	se call:	
LAURIE BRIGO	55	at ( 362	217.9066
Name of Contact Pe	rson		de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	rtment of State:
	5 Filing Fee & Teate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)

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

# Articles of Incorporation of LAURIE BRIGGS NC (Name of Corporation as currently filed with the Florida Dept. of State) P13000179A1 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LAURIE BRIGGS PA The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		orida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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= 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.

X Change	PT	John Doe	<b>:</b>	
X Remove	<u>v</u>	Mike Jon	<u>es</u>	
_X Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	Title	]	Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
_				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		<u> </u>		
Add				
Remove				

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f an amendment provides f provisions for implementing	<u>for an exchange, recla</u> so the amendment if s	assification, or cand	<u>cellation of issued shar</u> e amendment itself:	es,
(if not applicable, indic	ate N/A)	NOT COMMITTEE IN THE		
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.  Effective date if applicable: 12/30/2013	
Effective date if applicable: 12/30/2013  (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)	
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.	
Signature  Dated 12 · 30 · 13  Signature Drigg DIRECTOR  (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)	
DIRECTOR (Title of person signing)	_