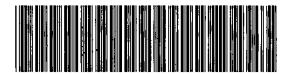
# P14000008584

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Amend Marie
Jun 0 & 2016

I ALBRITTON

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Jackman, Stevens & Ricciardi, PA  DOCUMENT NUMBER: P14000008584
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rita Jackman Name of Contact Person
Jackman, Sturens of Ricciardi, PA  Firm/Company  4575 V.a. Rayale Suite 200  Address
4575 v.a Royale Suite 200
Fort Myers, Fl 33919  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rifa Jackman at (239) 689-1096  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$\$43.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee \$\circ \\$\$Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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** 

### Articles of Incorporation of

## JACKMAN, STEVENS & RICCIARDI, P.A.

(Name of Corporation as curren	itly filed with the Florid	a Dept. of State)	
P140000085 <b>8</b> 4			
(Document Number	of Corporation (if known	)	<del></del>
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corpora	tion adopts the following amend	dment(s) t
If amending name, enter the new name of the corporation:  Powell, Jackman, Stevense  must be distinguishable and contain the word "corporation," "com  r Co.," or the designation "Corp," "Inc," or "Co". A profession  professional association," or the abbreviation "P.A."			
. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office ad		the name of the	A CONTRACTOR OF THE PROPERTY O
new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida s	street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	_
New Registered Office Address:  Lew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. Lam familia	nt:	(Zip Code)	_

Signature of New Registered Agent, if changing

#### Page 1 of 4

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change 5	_	William M Powell	12591 ARBUCKLE Court North Fort Myers, FL 33903
Add			
Remove			
2) Change	_		
Add			
Remove			
3) Change			
Add			
Remove			····
4) Change			
Add			
Remove			
5) Change	_		

•	Add	
	_	
	Remove	
6)	Change	
	Add	
	Remove	
	Page 2 of 4	
E.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
		<del></del>
_		
_		
_		
F.	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)	
_		

Page 3 of 4
The date of each amendment(s) adoption:, if other th
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 not be listed as the document's effective date on the Department of State's records.
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.
Dated 5-23-16
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)

Rita Tackman
(Typed or printed name of person signing)

President

(Title of person signing)

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