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SECRETARY OF STATE ALLAHASSEELF LORIDA

APPROVED

C. LEWIS

APR 2 9 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ZEOGATT	P.A.	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	ROBERT ZEOLI		
		Name of Contact Person	1
		Firm/ Company	
	1310 NW 76 AVE		
		Address	
	PLANTATION FL	33322	
		City/ State and Zip Code	e
RZ	EOLI@COMCAS	T.NET	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ROBERT ZE	OLI	at (954	, 882-1556
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State;
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 APR 21 PM 1:03

SECRETARY OF STATE TALLAMASSEE, FLORIDA

ZEOGATT P.A.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
(Document Number of Corporation (it	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: ROBERT ZEOLI P.A.	. The new
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 "F	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
(Trincipal office and the state of the state	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent N/A	·
(Florida stre	et address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	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	<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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ANNA GATTI	1310 NE 76 AVE
Add			PLANTATION FL. 33322
Remove			
2) Change			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			•

E. <u>If am</u> (Attacl	ending or adding additional Articles, enter change(s) here: n additional sheets, if necessary). (Be specific)
N/A	, additional brooks, g. recossary, recogney
•	
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
	·
<u> </u>	



	14 APR 21 PM 1: 03	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.	SECRETARY OF STATE	
Effective date if applicable:	TALLAHASSEE, FLORIDA	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	areholders. The number of votes east for the amendment(s) proval.	
	shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by		
(votin	g group)	
The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder	
Dated APRIL 17 2014		
Signature Signature	3~	
	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
ROBERT	ZEOLI	
	(Typed or printed name of person signing)	
PRESIDE	NT	
- 	(Title of person signing)	