Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001661093)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number: I20070000020 : (813)435-3176 Phone

: (813)333-6358 Fax Number

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MALGORZATA MAG WOJTOWICZ P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Friday, July 11, 2014

ယှ

07/19/2032 01:36 FAX 8133336358

RICK SERADLIN

\$000/T000 2

Articles of Amendment to Articles of Incorporation of

MALGURZATA MAG WOJTO		
	filed with the Florida Dept. of State)	
P14000058083		 •
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follo	owing amendment(s)
A. If amending name, enter the new name of the c	corporation:	
MALGORZATA WOJTOWICZ P	P.A.	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the p," "Inc." or "Co". A professional corporation name me abbreviation "P.A."	e anbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	le: DRESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox</u>)	- ;
		加州
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:	
Name of New Registered Agent		3 2
	(Florida street address)	:-
	•	
New Registered Office Address:	(City), Florida (Zip Code	2)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the posit	ion.
Signature of N	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	¥	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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		·	<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
······································	
	
	•
	·
	•
•	
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
<u> </u>	
	<u> </u>
·	•
an amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

Page 3 of 4

The date of each amendment(s) adopti	ion: 07/10/2014	, if other than the
date, this document was signed.		
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	i by the incorporators without shareholder action and shareholder	
Dated 07/10/2014		
Signature/	Malan	
selected, by	tor, president or other officer — if directors or officers have not been y an incorporator — if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
appointed i		
MA	ALGORZATA WOJTOWICZ	
	(Typed or printed name of person signing)	· ····
PF	RESIDENT	
	(Title of person signing)	