

P140000064281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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800404660568

N/C Amend

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2023 MAR 30 PM 3:54

2023 MAR 30 PM 12:30

ALLAHASSI


SECRETARY OF STATE  
OF ALABAMA

A. RAMSEY

MAR 31 2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160: **\$130.00**

Authorization Signature: 

Melissa Vanscoy P14000064281

**BUSINESS NAME** **DOCUMENT #**

     **Certified Copy of Articles of Organization**

     **Certificate of Status**

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Officer/Director  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMENDMENTS**

  X   Amendment  
     Resignation of R.A.  
     Change of Registered Agent  
     Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     **Statement of Authority**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE       
                         **Country**

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     Other

**EXAMINER'S INITIALS:**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Melissa Vanscoy P.A.  
DOCUMENT NUMBER: PI4000064281

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Anderson P.A.  
Name of Contact Person  
Melissa Anderson P.A.  
Firm/ Company  
17958 47th Ct. N. Loxahatchee FL 33470  
Address  
  
Exit. target@yahoo.com  
City/ State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Anderson at 561, 541-0908  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Melissa Vanscoy PA

2023 MAR 30 PM 12 30

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000064281

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

Melissa Anderson P.A.

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)

17958 47th Ct. N.

Loxahatchee FL 33470

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: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.

Melissa Anderson P.A.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☐ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                         |   |
|---|----------|-------------------------|---|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>Melissa Anderson</u> | <u>17958 47th Ct. N.</u><br><u>Loxahatchee FL 33470</u> |
| ___ Add                                       |          |                         |   |
| ___ Remove                                    |          |                         |   |
| 2) ___ Change                                 | <u>P</u> | <u>Melissa Vansdy</u>   | <u>17958 47th Ct. N.</u><br><u>Loxahatchee FL 33470</u> |
| ___ Add                                       |          |                         |   |
| <input checked="" type="checkbox"/> Remove    |          |                         |   |
| 3) ___ Change                                 | ___      | ___                     | ___   |
| ___ Add                                       |          |                         |   |
| ___ Remove                                    |          |                         |   |
| 4) ___ Change                                 | ___      | ___                     | ___   |
| ___ Add                                       |          |                         |   |
| ___ Remove                                    |          |                         |   |
| 5) ___ Change                                 | ___      | ___                     | ___   |
| ___ Add                                       |          |                         |   |
| ___ Remove                                    |          |                         |   |
| 6) ___ Change                                 | ___      | ___                     | ___   |
| ___ Add                                       |          |                         |   |
| ___ Remove                                    |          |                         |   |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 3-30-2023

Signature Melissa Anderson P.A.  
(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)

Melissa Anderson P.A.  
(Typed or printed name of person signing)

President  
(Title of person signing)