P15000011766

(Re	questor's Name)	
(Ada	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Moccia Le	egal Services, PA	
DOCUMENT NUMBER: P150000117		
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this n	natter to the following:	
Michael D. Moc	cia, Esq.	
	Name of Contact Person	1
	Firm/ Company	
1200 N Federal	Hwy Ste 200	
	Address	
Boca Raton, Flo	orida 33432	
	City/ State and Zip Code	e
mdm@moccialaw.c	om	
	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Michael D. Moccia	at (561	271-2692
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Moccia Legal Services, PA

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

P15000011766

F 13000011700	
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation	on:
Moccia Services, PA	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	Idress:
Name of New Registered Agent N/A	
(Flor	ida street address)
New Registered Office Address:	Elorida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: uiliar with and accept the obligations of the position.
Signature of New Region	tored 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	 -		N/A	-	
Add					
Remove					
2) Change Add				-	
Remove					
3) Change				_	
Add					
Remove					
4) Change		_		_	
Add Remove					
5) Change					
Add				_	
Remove					
6) Change				-	
Add					
Remove					

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(De specific)
F. If an amondment must be found with	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of issued shares, and an analysis of the angular of itself:
(if not applicable, indicate N/A)	
N/A	

	on:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne 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.	by the incorporators without shareholder action and shareholder	
Dated 2/24/2015		
Signature	- Ang	_
	or, president or other officer – if directors or officers have not been	
•	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
Mic	hael D. Moccia	
	(Typed or printed name of person signing)	_
Pre	sident	
	(Title of person signing)	_