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STEAK TOWN OF STATE
TALLAHASSEE FLERING

MAR 30 2016

R. Willia

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: Alan Medof & Ass	ociates	
DOCUMENT NUM	IBER: P15000015099		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Alan Medof		
		Name of Contact Person	1
	Alan Medof & Associates		
		Firm/ Company	
	552 Mansfield N		
		Address	
	Boca Raton, Florida 33434		
		City/ State and Zip Cod	2
med	oflaw@gmail.com		
		sed for future annual report	notification)
	D man backers, (10 00 ac	ou for fatare annual report	
For further informati	on concerning this matter, pleas	se call:	
Alan Medof		at ( <sup>954</sup>	773-5184
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for 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)
Ar Di	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

FILED 16 MAR 24 PM 4: 04

Alan Medof & Associates

P.A.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P15000015099	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	552 Mansfield N
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Boca Raton, Florida 33434
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	552 Mansfield N
	Boca Raton, Florida 33434
D. If amending the registered agent and/or registered office ad 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 Age	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove,	and/or Di if necessa ector title President, Chief F c, Directo in the fol ves the co	irector be ary) e by the fi : T= Trea Sinancial or would be orporation	eing added:  rst letter of the office to  ssurer; S= Secretary; I  Officer. If an officer/o  e PTD.  anner. Currently John  n, Sally Smith is named	H/A  itle: D= Director; TR= Tru director holds more the Doe is listed as the PS	irector being removed and title, name, and istee; $C = Chairman \ or \ Clerk; \ CEO = Chief \ an one title, list the first letter of each office of and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,$
Example: X Change	PT	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jos	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	Title		Name		Address
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F. <u>If ar</u>	amendment provides for implementing (if not applicable, indicate)	or an exchange, or the amendmer ate N/A)	reclassification at if not contain	or cancellation (ed in the amenda	of issued shares, nent itself:	
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			· · · · · · · · · · · · · · · · · · ·		· •	

The date of each amendmen date this document was signed		, if other than the
-	 March20, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
• • •	ere adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	ent(s)
• •	ere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	r
Marc Dated	h 20, 2016	
Signature	acon medal	
(I s	By a director, president or other officer—if directors or officers have not be elected, by an incorporator—if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Alan Medof	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	