P16006002715

(Requ	uestor's Name)	
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SECRETARY OF STATE

FEB 0 8 2016 C. CARROTHERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2016

CARLOINE FERREIRA CSG CAPITAL SERVICES GROUP 446 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441

SUBJECT: ANITA RIBEIRO-BLANCHARO PA

Ref. Number: P16000002715

We have received your document for ANITA RIBEIRO-BLANCHARO PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONE BOX MUST BE CHECKED ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 916A00001586

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANITA RIBEIRO	D-BLANCHARO PA				
DOCUMENT NUMI	BER: P16000002715					
	of Amendment and fee are s	ubmitted for filing.				
Please return all corres	spondence concerning this ma	atter to the following:				
	CAROLINE FERREIRA					
		Name of Contact Perso	oní			
	CSG - CAPITAL SERVICE					
		Firm/ Company				
	Firm/ Company 446 W HILLSBORO BLVD					
		Address				
	DEERFIELD BEACH, FL 3					
		City/ State and Zip Cod	le			
CARO	DLINE@THEWAYGROUP.	R17				
CARC	•	sed for future annual report	notification)			
	E-man address. (to be di	sed for future annual report	nourcetton)			
For further information	concerning this matter, pleas	se call:				
.						
CAROLINE FERREII	RA	at () 427-4770 ode & Daytime Telephone Number			
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building				
Talla	hassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANITA	RIBEIRO	-BLANCH	AROPA

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P16000002715	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
ANITA RIBEIRO-BLANCHARD P.A	-The new
	RESS) RESS RESS
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
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.	stered Agent: I am familiar with and accept the obligations of the position.
Signa	ture of New Registered 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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add			·	
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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rovisio	ons for imple	menting the an	nendment if no	sification, or o	cancellation of	issued shares, nt itself:	
(if)	not applicable	, indicate N/A)					•
			,				
						· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·						

The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 req document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
	President of the compan
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the ar	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by(voling group)	,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder acti action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action as action was not required.	nd shareholder
Dated 01 - 19 - 2016	
Signature	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	
ANITA J RIBEIRO	
(Typed or printed name of person signing)	
- Then	President
(Title of person signing)	