## P16000035982

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SECRETARY OF STATE

1ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: The Mace Firm, P.A. DOCUMENT NUMBER: P16000035982 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nicole Nicolette Mace Name of Contact Person The Mace Firm, P.A. Firm/ Company 319 Clematis Street, Suite 207 Address West Palm Beach, FL 33401 City/ State and Zip Code nicolemace3@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561 ) 758-5407

Area Code & Daytime Telephone Number Nicole Nicolette Mace Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

The Mace Firm, P.A.	
(Name of Corporation s	s currently filed with the Florida Dept. of State)
P16000035982	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
The Law Offices of Nicole Nicolette, P.A.	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	The Law Offices of Nicole Nicolette, P.A.
(Principal office address MUST BE A STREET ADDRE	SS ) 319 Clematis Street Suite 207
	West Palm Beach, FL 33401
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a FILE
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
Thereby accept the appointment as registered agent. Tan	gamiliar with and accept the obligations of the position.
Signatur	e 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	one <u>s</u>		
X Add	<u>sv</u>	Sally Si	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_			
Add					
Remove					<del></del>
2) Change					
Add					<del></del>
Remove					
3 ) Change		_		<del></del>	-
Add					<u> </u>
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
π/a	
<del></del>	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued sh provisions for implementing the amendment if not contained in the amendment itself:	iares.
(if not applicable, indicate N/A)	
n/a	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
n/a	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by	. <del>"</del>
	(voting group)
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
,	
08/04/2017 Dated	with Muther officer - if directors or officers have not been
	incorporator – if in the hands of a receiver, trustee, or other court
•	iary by that fiduciary)
Nicole N	Nicolette Mace
	(Typed or printed name of person signing)
Incorpor	rator, Director and President
	(Title of person signing)