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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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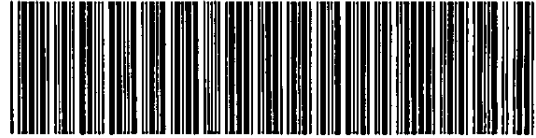
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 03 '2016

T. LEMUEY



Lakin Robinson Durham Kane Kurpiers, P.A.

A Partnership of Professional Associations

Attorneys and Counselors at Law

lakinrobinsonlaw.com

John F. Lakin * ^

Layon F. Robinson, II -

Bryce V. Durham †

Patrick J. Kane ‡

Ronald J. Kurpiers, II *

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of counsel

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Certified Legal Assistant

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Certified Legal Assistant

Ife Morrison

Paralegal

* Admitted FL, MA & DC

^ FL Bar Board Certified
Civil Trial Lawyer

- Admitted FL

† Admitted GA

‡ Admitted FL & NY

* Admitted FL, GA & IL

MAIN OFFICE

191 Peachtree Street NS
Suite 2600
Atlanta, GA 30303
(404) 845-3434 office
(404) 419-7838 facsimile

TAMPA OFFICE

Wells Fargo Center
S. Ashley Drive
Suite 800
Tampa, FL 33602
(813) 284-6972 office
(813) 936-4773 facsimile

SARASOTA OFFICE

205 N. Orange Avenue
Suite 303
Sarasota, FL 34236
(941) 256-3705 office
(941) 748-1410 facsimile

BRADENTON OFFICE

442 Old Main Street
Bradenton, FL 34205
(941) 748-0055 office
(941) 748-1410 facsimile

January 30, 2017

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

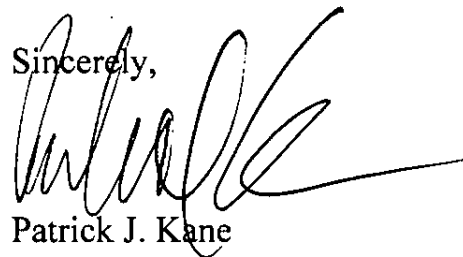
Articles of Amendment to Articles of Incorporation of Lakin Robinson Kane Kurpiers, PA

Dear Sirs:

Enclosed please find the Articles of Amendment to Articles of Incorporation of Lakin Robinson Kane Kurpiers, PA. Also, I have enclosed my firm's check in the amount of \$35.00 for the filing fee.

If you have any questions, please contact me.

Sincerely,



Patrick J. Kane

MISSION STATEMENT

To serve our clients with pride and passion as a quality example of dedication, commitment and professionalism through years of experience and expertise in defending those who need a strong and compassionate voice to fight for their rights and seek justice for their cause."

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAKIN Robinson DURHAM KANE Kurpiers, PA
DOCUMENT NUMBER: P16000041900

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

Please return all correspondence concerning this matter to the following:

John F. Lakin
Name of Contact Person

LAKIN Robinson DURHAM KANE Kurpiers, PA
Firm/ Company

Wells Fargo Center, 100 S. Ashley DR. Suite 800
Address

TAMPA, FLORIDA 33602
City/ State and Zip Code

JLAKIN@LAKINLAW.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John F. Lakin at (941) 518-5052
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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

LAKIN ROBINSON KANE KURPIERS, PA

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

P16000041900

(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:

LAKIN ROBINSON DURHAM KANE KURPIERS, 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**)

Wells Fargo Center

100 S. Ashley Drive, Suite 800

TAMPA, FL 33602

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Wells Fargo Center

100 S. Ashley Drive, Suite 800

TAMPA, FL 33602

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:

(City)

, Florida

(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.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) X Change P John F. Lakin Wells Fargo Center
 ___ Add 100 S. Ashley Drive, Suite 800
 ___ Remove Tampa, FL 33602
- 2) X Change VP Layon Robinson, II Wells Fargo Center
 ___ Add 100 S. Ashley Drive, Suite 800
 ___ Remove Tampa, FL 33602
- 3) X Change T Patrick Kane Wells Fargo Center
 ___ Add 100 S. Ashley Drive, Suite 800
 ___ Remove Tampa, FL 33602
- 4) X Change S Ronald J. Kurpiers II Wells Fargo Center
 ___ Add 100 S. Ashley Drive, Suite 800
 ___ Remove Tampa, FL 33602
- 5) ___ Change S Bryce V. Durham Wells Fargo Center
 X Add 100 S. Ashley Drive, Suite 800
 ___ Remove Tampa, FL 33602
- 6) ___ Change _____ _____ _____
 ___ Add _____
 ___ Remove _____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

~~N/A~~

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

~~N/A~~

The date of each amendment(s) adoption: 11/1/16, if other than the date this document was signed.

Effective date if applicable: 11/1/17
(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 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6-9-17

Signature _____

(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)

John F. Lakin
(Typed or printed name of person signing)

President
(Title of person signing)

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TALLAHASSEE, FLORIDA

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