P170000 38508

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	it Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Lashbrook & Asso	ciates, PA	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Martha Lashbrook		
•		Name of Contact Person	1
	Lashbrook & McCoy, PA		
		Firm/ Company	· · - ·
	3201 Griffin Rd, Suite 400		
		Address	
	Fort Lauderdale, FL 33312		
		City/ State and Zip Cod	
	martha@lbrook.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information Martha Lashbrook	concerning this matter, pleas	se call: at (⁹⁵⁴	、581-8112
Name o	f Contact Person		de & Daytime Telephone Number
	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lashbrook & Associates, PA

(Name of Corporation	on as currently filed with the Florida Dept. of State)	
P17000038508		
(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 an	nendment(s) to
A. If amending name, enter the new name of the co	rporation:	
Lashbrook & McCoy, PA	TI	ie new
	rporation," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the	'Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.		8.2
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n	ed office address in Florida, enter the name of the office address:	
Name of New Registered Agent		
Name of the Mediate Carlingen		
	(Florida street address)	
New Registered Office Address:	. Florida	
New Registered Office Hadress.	(City) (Zip Code	e)
	l am familiar with and accept the obligations of the position.	
Signa	ture of New Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	S	Sean P. McCoy, EA, MTx	3201 Griffin Rd Suite 400	
X Add			Ft. Lauderdale, FL 33312	
Remove			· · · · · · · · · · · · · · · · · · ·	
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additio Attach <i>additional sheets, if nece</i>	ssary). (Be specific)		
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	,			
an amendment provides for provisions for implementing to	an exchange, reclass the amendment if no	ilication, or cancella t contained in the ar	<u>ation of issued shares</u> mendment itself:	1
(if not applicable, indicate	N/A)			
		<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 day	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	. "
(voting group)	
July 28th, 2020 Dated	
Signature / han Land	h (
(By a director, president or other officer -	
selected, by an incorporator – if in the har appointed fiduciary by that fiduciary)	ds of a receiver, trustee, or other court
Dean R. Lashbrook	
(Typed or printed name	of person signing)
President	<u></u>
(Title of person signing)