

PR0000067493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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R. WHITE
AUG 22 2018

2018 AUG 20 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALEXANDER C. PETERS PA

DOCUMENT NUMBER: P18000067493

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

Please return all correspondence concerning this matter to the following

ALEXANDRA PETERS

Name of Contact Person

Firm Company

9250 WEST BAY HARBOR DR #2A

Address

BAY HARBOR FL 33160

City State and Zip Code

RSAR597@AOL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD BAROUH

Name of Contact Person

954
Area Code

4242154
Telephone Number

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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
2601 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

The *den* 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.*

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

Alexandra Peters

Same

New Registered Office Address

14 129.

— **Phonics**

1/12/6 (contd.)

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.

AR

Signature of New Registered Agent if changing

(Attach additional sheets, if necessary). (Be specific)

[illegible]

provisions for implementing the amendment if not contained in the amendment itself:

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 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 groups

☐ 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

8/13/2018

Signature 1



(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)

Alexandra Peters

(Typed or printed name of person signing)

(Title of person signing)