

P19 000049484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

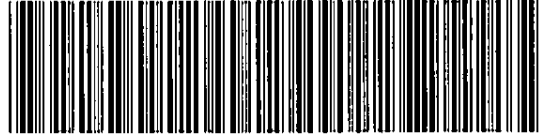
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 21 2025

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700443541927

FILED  
2025 APR 18 AM 9:46  
2025 APR 18 PM 4:44  
RECEIVED  
CLERK OF SUPERIOR COURT  
JANUARY 1, 2025

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from the account I20210000160: \$43.75

Authorization Signature *Debra P Rochlin*

Debra P Rochlin, P.A. P19000049484

Business Name \_\_\_\_\_ #Document \_\_\_\_\_

Walk in \_\_\_\_\_ Will wait \_\_\_\_\_

\_\_\_\_ Certified Copies of Articles of:  
X Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ LLC  
\_\_\_\_ Domestication  
\_\_\_\_ INC  
\_\_\_\_ CORP  
X PA

**AMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of Member/MGR  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Revocation of Dissolution  
\_\_\_\_ Conversion  
\_\_\_\_ Statement of Authority  
\_\_\_\_ Merger  
\_\_\_\_ DISSOLUTION

**OTHER FILINGS**

\_\_\_\_ TRANSMITTAL LETTER  
\_\_\_\_ Fictitious Name -  
\_\_\_\_ Statement of Authority  
business  
\_\_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign Filing  
\_\_\_\_ Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Statement of CORRECTION  
\_\_\_\_ Withdraw of Authority to conduct  
\_\_\_\_ Domestication  
\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DEBRA P ROCHUN P.A.

DOCUMENT NUMBER: P19000049484

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

**Please return all correspondence concerning this matter to the following:**

Debra P Rochlin  
Name of Contact Person  
LAW OFFICES OF DEBRA P. ROCHLIN, PA  
Firm/ Company  
11850 164th Ct N  
Address  
Jupiter FL 33478  
City/ State and Zip Code  
debra@dprlawgroup.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person \_\_\_\_\_ at ( 954 ) 600-3030  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

DEBRA P ROCHLIN, P.A.

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

P19000049484

(Document Number of Corporation (if known))

FILED  
2025 APR 18 AM 9:46

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:

LAW OFFICE OF DEBRA P ROCHLIN, 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

N/A

(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

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

N/A

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

NA

**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: \_\_\_\_\_, if other than the date this document was signed.

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated

4/18/15

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)

Debra PROCHYN

(Typed or printed name of person signing)

PRESIDENT/OWNER

(Title of person signing)