

P19 0000 84980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

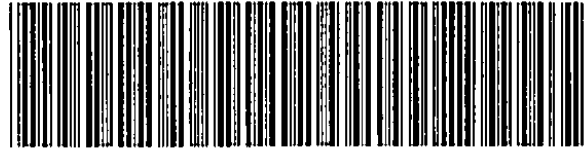
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

C. SIMMONS  
JAN - 9 2020

**COVER LETTER**

Amendment Section  
Division of Corporations

NAME OF CORPORATION: Alex Chu PA

DOCUMENT NUMBER: P19000084980

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

Please return all correspondence concerning this matter to the following:

James Ridout

Name of Contact Person

James Ridout CPA

Firm/ Company

578 NE 20th Street 8

Address

Wilton Manors, FL 33305

City/ State and Zip Code

swim2win.james@gmail.com

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

For further information concerning this matter, please call:

James Ridout at ( 954 ) 612-8899  
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:

☐ \$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

Wai Chu PA

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

000084980

(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:

**If amending name, enter the new name of the corporation:**

Wai Chu PA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Co.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "professional," "professional association," or the abbreviation "P.A."

**Enter new principal office address, if applicable:**

Principal office address **MUST BE A STREET ADDRESS**

NA

**Enter new mailing address, if applicable:**

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

NA

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**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

NA

(Florida street address)

New Registered Office Address:

NA

, Florida

(City)

(Zip Code)

**By 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

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and  
ress of each Officer and/or Director being added:  
ch additional sheets, if necessary)  
se note the officer/director title by the first letter of the office title:  
President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief  
utive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.  
ident, Treasurer, Director would be PTD.  
nges 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  
ange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,  
e Jones, V as Remove, and Sally Smith, SV as an Add.

ample:  
Change PT John Doe  
Remove V Mike Jones  
Add SV Sally Smith

<u>Kind of Action</u> (check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	<input type="text"/>	NA	NA
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Add	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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TALLAHASSEE, FL

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)*

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late of each amendment(s) adoption: 11/26/2019, if other than the  
his document was signed.

tive date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

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.

tion of Amendment(s) **(CHECK ONE)**

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.

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)

Amendment(s) was/were adopted by the board of directors without shareholder action and shareholder approval was not required.

Amendment(s) was/were adopted by the incorporators without shareholder action and shareholder approval was not required.

Dated 11/26/2019

Signature Karwai Chu  
Karwai Chu (Nov. 26, 2019)

(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)

Kar Wai Chu

(Typed or printed name of person signing)

President

(Title of person signing)

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