

P21 00000 45363

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

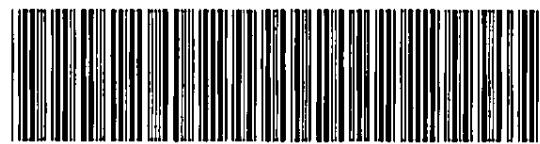
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only



700367889027

06/16/21--01014--002 \*\*35.00

2021 AUG 17 AM 11:25  
SUSAN M. COFFEE, CLERK  
FILER/CLERK/RECEIVER  
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2021

ROBIN C. PETERSON  
3282 BIRCHIN LANE  
FORT MYERS, FL 33916

SUBJECT: ROBIN C PETERSON INC.  
Ref. Number: P21000045363

We have received your document for ROBIN C PETERSON INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 921A00016484

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Robin C Peterson Inc

**DOCUMENT NUMBER:** P21000045363

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

Please return all correspondence concerning this matter to the following:

Robin C Peterson

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

3282 Birchin Lane

\_\_\_\_\_  
Address

Fort Myers, FL 33916

\_\_\_\_\_  
City/ State and Zip Code

Terripeterson7@gmail.com

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

For further information concerning this matter, please call:

Robin C Peterson \_\_\_\_\_ at ( 239 ) 287-4594  
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**

Robin C Peterson Inc

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

P2 | 000045363

(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:**

Robin C Peterson P.A.

Robin C Peterson 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)*

NA

C. Enter new mailing address, if applicable:

Enter new mailing address, if applicable.  
*(Mailing address MAY BE A POST OFFICE BOX)*

14

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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) \_\_\_\_\_ (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)(e), F.S.

FILED

2021 AUG 17 AM 11:25

**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 P/T 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, P/T as a Change, Mike Jones, V as Remove, and Sally Smith, S/P as an Add.*

### Example:

X Change PT John Doe

Remove  Mike Jones

X Add SV Sally Smith

Type of Action      Title      Name      Address  
(Check One)

1)	<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	N/A	
2)	<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	N/A	
3)	<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	N/A	
4)	<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	N/A	
5)	<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	N/A	
6)	<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	N/A	

**E. If amending or adding additional Articles, enter change(s) here:**

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

## Real estate services.

**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

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

N/A

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.

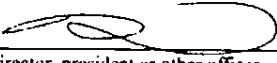
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

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 7-23-2021

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)

Robin Leferson

(Typed or printed name of person signing)

President

(Title of person signing)