

Electronic Filing Cover Sheet

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(((H22000009142 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

: (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jean@mensdlf.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN MOSES FAMILY LAW PA

| Certificate of Status | 0 |
|-----------------------|---------|
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Fax: 14078411200

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| | |

| | Articles of Amendment |
|---|--|
| | Articles of Incorporation |
| | of of |
| MOSES FAMILY LAW PA | |
| (Name | of Corporation as currently filed with the Florida Dept. of State) |
| P21000052843 | |
| | (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s |
| A. If amending name, enter the new n | ame of the corporation: |
| LAW OFFICES OF JEAN MOSES, P.A | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association," | the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," [] Lorp," "Inc," or "Co". A professional corporation name must contain the word |
| B. Enter new principal office address, (Principal office address MUST BE A S | |
| | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | |
| | |
| | nd/or registered office address in Florida, enter the name of the |
| new registered agent and/or the ne | w registered office address: JEAN M. MOSES |
| | 1868 SIPES ALLEY |
| | (Florido street address) |
| New Registered Office Address: | ORLANDO Florida 32814 |
| New Registered Office Hadress. | (City) (Zip Code) |
| | VB 1 202 |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis. | tered agent. I am familiar with and accept the obligations of the position. |
| | CM/M |
| · · · | |

Check if applicable

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

Example:

01/07/2022 10:38 AM

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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:

To:

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.

| X Change | $\overline{\mathbf{b}.\mathbf{t}}$ | John Doe | |
|-------------------------------|------------------------------------|---------------|-------------------|
| 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) X Change | DPST | JEAN M. MOSES | 1868 SIPES ALLEY |
| Add | | | ORLANDO, FL 32814 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Articles, enter change(s) he | |
|---|---|
| (Attach additional sheets, if necessary). (Be specific) | |
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| If an amendment provides for an exchange, reclassification, | or cancellation of issued shares, |
| provisions for implementing the amendment if not contained | or cancellation of issued shares, d in the amendment itself: |
| If an amendment provides for an exchange, reclassification, of provisions for implementing the amendment if not contained (if not applicable, indicate N/A) | or cancellation of issued shares, and in the amendment itself: |
| provisions for implementing the amendment if not contained (if not applicable, indicate N/A) | or cancellation of issued shares, d in the amendment itself: |
| provisions for implementing the amendment if not contained (if not applicable, indicate N/A) | or cancellation of issued shares, d in the amendment itself: |
| provisions for implementing the amendment if not contained (if not applicable, indicate N/A) | or cancellation of issued shares, d in the amendment itself: |
| provisions for implementing the amendment if not contained (if not applicable, indicate N/A) | or cancellation of issued shares, d in the amendment itself: |
| (if not applicable, indicate N/A) | or cancellation of issued shares, id in the amendment itself: |
| (if not applicable, indicate N/A) | or cancellation of issued shares, d in the amendment itself: |
| If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained (if not applicable, indicate N/A) /A | or cancellation of issued shares, id in the amendment itself: |
| or implementing the amendment if not contained (if not applicable, indicate N/A) | or cancellation of issued shares, id in the amendment itself: |
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Fax: (850) 617-6380

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From: Leslie Perryman

Fax: 14078411200

To:

To:

| The dute of each amendment(s) a | doption: January 6, 2022 | (((H22000009142 3))) , if other than the |
|--|---|---|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after ame | when the detail |
| | (no more than 90 days after ame | nament jue autej |
| Note: If the date inserted in this bedocument's effective date on the De | | iling requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adaction was not required. | opted by the incorporators, or board of director | s without shareholder action and shareholder |
| The amendment(s) was/were adby the shareholders was/were so | opted by the shareholders. The number of vote ufficient for approval. | es cast for the amendinent(s) |
| ☐ The amendment(s) was/were ap must be separately provided for | proved by the sharcholders through voting grove each voting group entitled to vote separately | ups. The following statement on the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for | approval |
| by | | |
| | (voting group) | |
| Dated | 16/2022 | |
| Signature | C/le //e | |
| (By a c | lirector, president or other officer – if directors ed, by an incorporator – if in the hands of a recorted fiduciary by that fiduciary) | |
| | JEAN M. MOSES | |
| | (Typed or printed name of person | signing) |
| | PRESIDENT | |
| | (Title of person signing) | |