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(((H230001465153)))



H230001465153ABC.

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VOLUME PLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN KATE & JAMES, P.A. CORPORATION

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section	
	Division of Corporations	

NAME OF CORPOR	ATION: KA	TE & JAMES, P.A. CORPC	DRATION
DOCUMENT NUMB	ER:	P23000029034	
The enclosed Articles of	of Amendment and fee are st	abmitted for filing.	
Please return all corres	ondence concerning this ma	atter to the following:	
	LOVETTE DOBSON		
-		Name of Contact Person	
-	- -	Firm/ Company	
	17350 STATE HWY 249 ST	E 220	
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LOVETTE DOBSON		at (888-462-3453
Name o	Contact Person	Area Coo	888-462-3453 le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Ossiling Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amcı Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, F1, 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

(((H230001465153)))

Articles of Amendment to Articles of Incorporation of

Articles of Incorporation of	
KATE & JAMES, P.A. CORPORATION	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P23000029034	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing amendment(s) to
A. If amending name, enter the new name of the corporation:	
PLANNING LAW, P.A. CORPORATION	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevi "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must cor "chartered," "professional association," or the abbreviation "P.A."	ation "Corv"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-5
	•
	• • • • • • • • • • • • • • • • • • • •
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	
(Florida street address)	
New Registered Office Address: , Florida (Circ)	in Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

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 = ChiefExecutive 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 Doc 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:

X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Address</u>
1)Change					····
Add					
Remove					
2) Change		_			
Add					2
Remove 3) Change		_			
Add					
Remove					
4) Change		_	<u>-</u>		
Add					
Remove					
5) Change				,	
Add					
Remove					
6)Change		-			
Add					
Remove					

famending or adding additional Articles, enter change(s) here.	(((H23000146515
Attach additional sheets, if necessary). (Be specific)	
	· · · · · · · · · · · · · · · · · · ·
	
	
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	•
	
	X 5
	<u> </u>
	<u></u>
	:
f 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)	

	<u></u>
-	

The date of each amendment(s) adoption:	(((H23000146515 3)))
date this document was signed.	. A voice that the
Effective date if applicable:	
	na more than 90 days after amendment (ile date)
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory fifing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHE	K ONE)
The amendment(s) was/were adopted by the incaction was not required.	orporators, or board of directors without shareholder action and shareholder
F) The amendment(s) was were adopted by the shi by the shareholders was were sufficient for app	reholders. The number of votes east for the amendment(s) royal.
The amendment(s) was were approved by the simust be separately provided for each voting gr	nareholders through voting groups. The following statement oup entitled to vote separately on the amendments);
"The number of votes cast for the amenda	nent(s) was were sufficient for approval
by	
tvoting	group:
April 19th, 2023	•
Dated	
Signature <u>Laniel</u> M	Pantiklas
(By a director, presider	at or other officer 14 directors or officers have not been oration 15 in the hands of a receiver, trustee, or other court
Daniel MontiB	· · · · · · · · · · · · · · · · · · ·
(Ty)	ned or printed name of person signing)
President	
(Tit	e of person signing)