

P93000010651

(Requestor's Name)

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(City/State/Zip/Phone #)

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12/18/03--01003--015 **43.75

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03 DEC 17 PM 4:28

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

03 DEC 17 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. Ouellette DEC 17 2003

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Total Legal Care

Signature _____

Requested by: SW 12/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
✓ ____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Articles of Amendment to
Articles of Incorporation of

Total Legal Care, Inc.

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

P 9 3 0 0 0 0 1 0 6 5 1

(Document number of corporation, if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its articles of incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article VI Registered Agent: See
attached statement of change of
registered agent with signature of
new agent

Article VIII Directors;

Remove current Directors re:

Albert Moore

John Bruhn

117 S. 2nd St or

suite 208

Ft Pierce, FL 34950

1109 Delaw
Ave.

Ft Pierce
FL

(Attach additional pages if necessary)

@ See Attachment 34950

If an amendment provides for 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: 12/12/03

Effective date, if applicable: _____
(no more than 90 days after amendment file date)

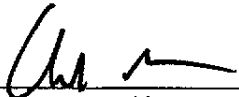
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 12th day of Dec., 2003.

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)

Albert Moore
(Typed or printed name of person signing)

Director
(Title of person signing)

Continued Amend. of Article VIII

Add New Director:

Linda Demosthenes

166 Hastings St.

Boca Raton, FL 33487

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Total Legal Care, Inc.
2. The principal office address: 1109 Delaware Ave.
Ft. Pierce, FL 34950
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Feb 4th 1993 Document number: 893000010651

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

<u>Albert Moore</u>	or	<u>Albert Moore</u>
<u>1109 Delaware Ave.</u>		<u>117 South Second S</u>
<u>Ft Pierce, FL 34950</u>		<u>Ft. Pierce, FL 3495</u>

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

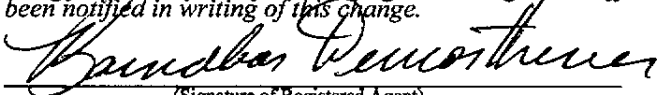
BARNABAS DEMOSTHENES
166 HASTINGS ST.
(P.O. Box or personal mailbox NOT acceptable)
BOCA RATON, FL 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

<u></u> (Signature of an officer or director)	<u>Albert Moore</u> (Printed or typed name and title)
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

<u></u> (Signature of Registered Agent)	<u>11-15-03</u> (Date)
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If signing on behalf of an entity:

_____ (Typed or Printed Name)	_____ (Capacity)
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*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314