

793000038435

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14 MAR 19 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VanHouten, Ponder & Hahl, P.A.

DOCUMENT NUMBER: P93000038435

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

Please return all correspondence concerning this matter to the following:

W. Denis Shelley

Name of Contact Person

Legacy Estate Planners, P.L.

Firm/ Company

313 South Palmetto Ave.

Address

Daytona Beach, Florida 32114

City/ State and Zip Code

shelley@legacyestateplanners.com

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

For further information concerning this matter, please call:

W. Denis Shelley

Name of Contact Person

at (386) 252-2531

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

14 MAR 19 AM 9:36

VanHouten, Ponder & Hahl, P.A.

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

P93000038435

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

VanHouten, Ponder & Hahl, Inc.

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**)

C. Enter new mailing address, if applicable:

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

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 Linda J. Ponder

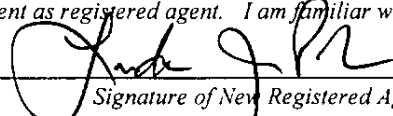
114 So. Palmetto Ave.

(Florida street address)

New Registered Office Address: Daytona Beach, Florida 32114
(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

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 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>dpst</u>	<u>Stephen R. Ponder</u>	<u>114 So. Palmetto Ave.</u>
<input type="checkbox"/> Add			<u>Daytona Beach, Fl. 32114</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>dpst</u>	<u>Linda J. Ponder</u>	<u>114 So. Palmetto Ave.</u>
<input checked="" type="checkbox"/> Add			<u>Daytona Beach, Fl. 32114</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
4) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

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

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

The Articles are further amended to reflect the purpose of this amendment to change the corporation from a professional corporation to a Florida corporation because of the death of the sole shareholder, director, president, treasurer and secretary, STEPHEN R. PONDER. This Corporation can no longer qualify as a professional corporation and must convert to a straight Florida corporation. The purpose of the corporation is also changed from the practice of law to the winding up of a law practice and the disposition of its files and transition of its clients to other attorneys.

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)

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

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

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

☐ 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.

Dated March 18, 2014

Signature [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)

Linda J. Ponder
(Typed or printed name of person signing)

Personal Representative
(Title of person signing)

FILED
14 MAR 19 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN THE CIRCUIT COURT FOR VOLUSIA COUNTY,
FLORIDA PROBATE DIVISION

File No. 2014 10366 PRDL
Division 10

IN RE: ESTATE OF:

STEPHEN R. PONDER

Deceased.

APPROPRIATE FILED
FOR PROBATE DIVISION

LETTERS OF ADMINISTRATION
(single personal representative)

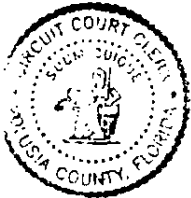
TO ALL WHOM IT MAY CONCERN:

WHEREAS, STEPHEN R. PONDER, a resident of Volusia County, Florida, died on February 23, 2014, owning assets in the State of Florida, and

WHEREAS, LINDA J. PONDER has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare LINDA J. PONDER duly qualified under the laws of the State of Florida to act as personal representative of the estate of STEPHEN R. PONDER, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Ordered on March 11, 2014.



STATE OF FLORIDA, VOLUSIA COUNTY
I HEREBY CERTIFY the foregoing is a true copy
of the original filed in this office. This
14th day of March 2014
Clerk of Circuit and County Court
By: H. Patterson
Deputy Clerk

C. McLean Smith Jr.
Circuit Judge

2014 MAR 12 AM 9:00

FILED

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014029786

DATE ISSUED: March 3, 2014

DECEDENT INFORMATION

STATE FILE DATE: March 3, 2014

NAME: STEPHEN R. PONDER

AKA: STEPHEN RALPH PONDER

DATE OF DEATH: February 23, 2014

SEX: MALE

AGE: 053 YEARS

DATE OF BIRTH: July 17, 1960

SSN: 264-47-6082

BIRTHPLACE: ATLANTA, GEORGIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: BERT FISH MEDICAL CENTER

LOCATION OF DEATH: NEW SMYRNA BEACH, VOLUSIA COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): LINDA BERNER

RESIDENCE: 725 NAPOLI LANE, NEW SMYRNA BEACH, FLORIDA 32168, UNITED STATES

COUNTY: VOLUSIA

OCCUPATION, INDUSTRY: ATTORNEY, LAW

RACE: ☒ White ☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO (NOT OF HISPANIC/HAITIAN ORIGIN)

EDUCATION: DOCTORATE DEGREE (E.G., PHD, EDD)

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: RAY PONDER

MOTHER: JUDITH BUTLER

INFORMANT: LINDA PONDER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 725 NAPOLI LANE, NEW SMYRNA BEACH, FLORIDA 32168, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: TRI CITY DIVERSIFIED SERVICES, INC.
DAYTONA BEACH, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: CHERYL L. LANKFORD, F046556

FUNERAL FACILITY: LANKFORD FUNERAL HOME, F040329

220 E NEW YORK AVE, DELAND, FLORIDA 32724

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 140700097

TIME OF DEATH (24 hr): 0116

CERTIFIER'S NAME: TIMOTHY JOHN GALLAGHER

CERTIFIER'S LICENSE NUMBER: ME108801

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT ENTERED

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

REQ: 2014651417