P96000034425

(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:

01-27-13
AR

Office Use Only

300248484493

06/05/13--01022--038 **52.50

FILED
13 AUG 13 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C
E,
AMEND.
8/14/13
DC

Fax: 850-245-6897
8/13/2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2013

ROBIN CLARK WHITE
ROBIN CLARK WHITE CPA PA
1982 STATE ROAD 44, PMB #353
NEW SMYMIA BEACH, FL 32168

SUBJECT: ROBIN L. CLARK, CERTIFIED PUBLIC ACCOUNTANT, P.A.
Ref. Number: P96000034425

We have received your document and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 013A00014706

Thank You Darlene !!
Robin !!

8/13/2013

To: Darlene
Fax: 850-245-6897

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROBIN L. CLARK, CERTIFIED PUBLIC ACCOUNTANT, P.A.

DOCUMENT NUMBER: P96000034425

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

Please return all correspondence concerning this matter to the following:

ROBIN CLARK WHITE
Name of Contact Person

ROBIN CLARK WHITE, CERTIFIED PUBLIC ACCOUNTANT, P.A.
Firm/ Company

1982 State Road 44, PMB #353
Address

New Smyrna Beach FL 32168
City/ State and Zip Code

robinwhitecpa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Clark White at (863) 273-1793
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)

already paid $52.50

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

Fax: 850-245-6897

Articles of Amendment
to
Articles of Incorporation
of

ROBIN L. CLARK, CERTIFIED PUBLIC ACCOUNTANT, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)

P96000034425
(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 CLARK-WHITE, CERTIFIED PUBLIC ACCOUNTANT, 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)

1982 State Road 44
PMB #353
New Smyrna Beach, FL 32168

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

1982 State Road 44
PMB#353
New Smyrna Beach FL 32168

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 Robin Clark White

1982 State Road 44, PMB#353
(Florida street address)

New Registered Office Address: New Smyrna Beach, Florida 32168
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent: (No change - same person)
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

FILED
13 AUG 13 PM 4:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Type of Action (Check One)	Title	Name	Address
1) X Change	PT SD	Robin Clark White	1982 State Road 44 PMB #353 New Smyrna Beach, FL 32168
____ Add			
____ Remove			
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary).* *(Be specific)*

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: August 01, 2013

Effective date if applicable: August 01, 2013
(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 8/12/2013

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 Clark White
(Typed or printed name of person signing)

President
(Title of person signing)