## P96 0000 97131

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S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: M. A. Corso	n & Associates, I	nc
DOCUMENT NUMBE	R: <u>P96000097131</u>		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Stephanie Boyer		
		Name of Contact Person	1
_	Kramer, Sopko &	Copeland, P.A. Firm/Company	
_	411 SE Osceola S	treet, Suite 200	
_	Stuart, FL 3499		2
	macorson@bellsou E-mail address: (to be us	th.net sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Stephanie Boye	r	at (772	286–6417 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
inclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:
▼ \$35 Filing Fee	□S43.75 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)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

M. A. Corson & Associ	iates, Inc. ently filed with the Florida Dept. of State)
P9600009	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	E B T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	
	<b>9</b>
D. If any adding the anxiety of any adding the A. Co.	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
	<del></del>
Name of New Registered Agent	
(Florida .	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Vary Danistanad Agantic Signature if shaming Danistanad Annual	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia	
	, J
***************************************	
Signature of New	v 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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{y}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	STD	Catherine U. Corson	1121 SE Ocean Blvd.
Add			Stuart, FL 34996
X Remove			
2) X Change	PS	Mark A. Corson	412 S. Colorado Avenue
Add			Stuart, FL 34994
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		•	
Add			
Remove			<del>-</del>
6) Change			<del></del>
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
f an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
	· · · · · · · · · · · · · · · · · · ·

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
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 tiduciary)	
Mark A. Corson	
(Typed or printed name of person signing)	
President/Secretary	
(Title of person signing)	

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