## P97000002614





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08/29/16--01045--004 \*\*43.7S

SEP 13 2016 C MCNAIR

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: SCHOEPPL & BU	RKE, P.A.	
DOCUMENT NUMBE	R: P97000002614		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
V	7. Rodgers Moore, Esq.		
		Name of Contact Person	l .
v	7. Rodgers Moore, P.A.		
		Firm/ Company	
1:	900 Glades Road, Suite 300		
		Address	
В	oca Raton, FL 33431		
_		City/ State and Zip Code	
michae	@schoepplburke.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
W. Rodgers Moore, Esc	<b>]</b> .	at (561	394-7944
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Americ Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassec, FL 32301

## Articles of Amendment ťο Articles of Incorporation of



(Name of Corporation	as currently filed with the Florida Dept. of State)
97000002614	
(Documen	nt Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S 3 Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corn	ogration:
CHOEPPL LAW, P.A.	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
•	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)
. If amending the registered agent and/or registere	
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	
TOTAL VICTORIA STATE OF THE STA	
	(Florida street address)
New Registered Office Address:	(Florida street address) . 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 Do	£	
X Remove	V Mike Jo	nes	
_X Add	SV Sally Sn	nith .	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			\
2) Change			
Add	·		
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
El Channe			
5) Change	<del></del>		
Add			
Remove			
6)Change	<del></del>		
Add			
Remove	•		

(Attach <i>add</i>	ig or adding additions litional sheets, if necess	rary). (Be specij	(ič)			
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If an amer provision (if no	ndment provides for a is för implementing th it applicable; indicate i	n exchange, recli ie amendment if I V/A)	assification, or ca not contained in t	ncellation of issued he amendment itse	shares, f:	
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·····			<del></del>	··· <u> </u>		

The date of each amendment(s) addate this document was signed.	loption:	if other than the
Effective date if applicable:		
I APPROVADIO	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval:	
	proved by the shareholders through voting groups. The following statement 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)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
8/26/16 Dated	Parl F. Schread	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	CARL F. SCHOEPPL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	