

Pg 17000097974

(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:

Office Use Only



000073046030

05/01/06--01035--001 **35.00

FILED
2006 MAY -1 AM 9:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

N.C.
G. Coultate MAY 05 2006

Tom Roberts, P. A.
10208 Shadow Branch Drive
Tampa, FL 33647-3116
Phone: 813-760-4426 • FAX 813-354-2429

April 26, 2006

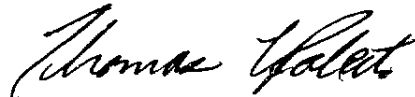
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ladies and Gentlemen:

Last year we submitted Articles of Amendment and fee to change the corporate name to that above. DOS approved the name change but DBPR subsequently notified me that the P. A. name must be the same as the legal name on my Real Estate license. That is the reason for the second name change.

Our check for \$35 is enclosed. Since this second change is due to the lack of communication between two divisions within DOS, I believe and request that the fee be waived.

Tom Roberts, P. A.

A handwritten signature in cursive script, appearing to read "Thomas Roberts", written in black ink.

Tom Roberts, President

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tom Roberts, P.A.

DOCUMENT NUMBER: Thomas L. Roberts, P.A.

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

Please return all correspondence concerning this matter to the following:

Thomas L. Roberts
(Name of Contact Person)

Thomas L. Roberts, P.A.
(Firm/ Company)

10208 Shadow Branch Dr.
(Address)

Tampa FL 33647-3116
(City/ State and Zip Code)

For further information concerning this matter, please call:

Tom Roberts at (813) 760-4426
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

see letter, 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

Tom Roberts, P.A.

P 97000097974

Thomas L Roberts, P.A.

2006 MAY -1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)

(continued)

The date of each amendment(s) adoption: April 25, 2006

Effective date if applicable: April 25, 2006
(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.

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)

Thomas L. Roberts
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35