

(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



700314158817

06/07/18--01022--013 ++35.00



R. WHITE
JUN 08 2018

## COVER LETTER

...

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Lopez, Lopez & S	takenborg, P.A.			
DOCUMENT NUME	BER: P99000071208				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Thomas J. Dobbins				
		Name of Contact Perso	on .		
	Trow, Dobbins & Pisani, P.A.				
	Firm/ Company				
	1301 NE 14th Street				
	Address				
	Ocala, FL 34470				
		City/ State and Zip Coo	ie		
For further information	E-mail address: (to be used to be	sed for future annual repor	t notification)		
Thomas J. Dobbins		at (	369-8830		
Name o	of Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment of State:		
S35 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			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

## Articles of Amendment to Articles of Incorporation of

FILED 18 JUH-7 AM 8:51

Lopez, Lopez & Stakenborg, P.A.

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P99000071208	TO ARREST FOR CANDA
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
Law Offices of Lopez & Lopez, P.A.	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	ed "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u> )
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New regimered Office flouress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>zistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	nature 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 Do	<u>oe</u>	
X Remove	V	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
I) Change	SD		Elizabeth F. Stakenborg	10705 SF 151st Street
Add				Summerfield, FL 34491
X Remove				
2) Change				
Add		<del></del>		
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add	-			
Remove				
Kemove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)
(	
-	
171110	
f an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	April 30, 2018	
The date of each amendment(s) a date this document was signed.	doption:	if other than the
Effective date if applicable:		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Apri	130,2018 LA1	
Signature		
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	David M. Lopez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>