

P99000080751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

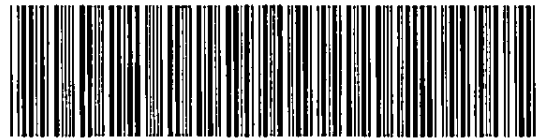
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500304082855

10/05/17--01032--013 **\$2.50

FILED
OCT -5 PM 1:30
FALL RIVER, MA

Amend/cc
cus

OCT 06 2017

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COOLIDGE REFERRALS, INC.

DOCUMENT NUMBER: P99000080751

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

Please return all correspondence concerning this matter to the following:

DEBRA DEACON COOLIDGE
Name of Contact Person
COOLIDGE REFERRALS, INC.
Firm/ Company
1759 W. FLETCHER AVE
Address
TAMPA FLORIDA 33612
City/ State and Zip Code

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

For further information concerning this matter, please call:

DEBRA DEACON COOLIDGE at (727) 4923327
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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is 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

Articles of Amendment
to
Articles of Incorporation
of

COOLIDGE REFERRALS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000080751

(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:

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**)

1759 W. FLETCHER AVE

TAMPA FLORIDA 33612

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

1759 W. FLETCHER AVE

TAMPA FLORIDA 33612

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 DEBRA DEACON COOLIDGE

1759 W. FLETCHER AVE

(Florida street address)

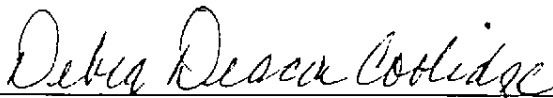
New Registered Office Address: TAMPA, Florida 33612

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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) _____ Change	<u>P</u>	<u>JAMES H. COOLIDGE, IV</u>	<u>7115 WAREHAM DRIVE EAST</u>
_____ Add			<u>TAMPA FLORIDA 33647</u>
X _____ Remove			

2) <u> </u> Change	P	DEBRA DEACON COOLIDGE	1759 W. FLETCHER AVE
<u>X</u> Add			TAMPA FLORIDA 33612
<u> </u> 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)

[illegible]

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)

SEPTEMBER 25, 2017

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 not be listed as the document's effective date on the Department of State's records.

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 September 28, 2017

Signature Debra Deacon Coolidge

(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)

DEBRA DEACON COOLIDGE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)