577498

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Cynthia Stump Sw	anson, P.A.	
DOCUMENT NUN			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all con	respondence concerning this ma	tter to the following:	
	Cynthia Swanson		
		Name of Contact Person	1
	Swanson Law Center, P.A.		
		Firm/ Company	
	2830 NW 41st Street, Suite N	1	
		Address	
	Gainesville, FL 32606		
		City/ State and Zip Code	2
evn	thia.swanson@swansonlawcent	er com	
	•	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Cynthia Swanson		at (³⁵²	375-5602
Nam	e 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

CYNTHIA STUMP SWANSON, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) S77498 (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: Swanson Law Center, P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the apprevia "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida (City)

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

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	<u>PT</u>	John Doe)
X Remove	<u>v</u>	Mike Jones	,	/
X Add	<u>sv</u>	Sally Smith	/	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add		/	/	
Remove				
3) Change				
Add				
Remove				
4) Change		_ /		
Add				
Remove				
5) Change		/		
Add				
Remove				
6) Change	<i></i>		-	
Add				
Remove				

	/	
		
·		
n amendment provides for an exchange	, rechassification, or cancellation of issued shares, ent if not contained in the amendment itself:	
(if not applicable, indicate N/A)	/ / / / / / / / / / / / / / / / / / /	
	/	<u> </u>
/		
		

	May 1, 2016		
The date of each amendment(s) a date this, document was signed.	doption:		, if other than th
Ma	y 1, 2016		
Effective date <u>if applicable</u> :	(no more than 90 days	s after amendment file date)	
Note: If the date inserted in this document's effective date on the D		statutory filing requirements, this date wi	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ad by the shareholders was/were s		ber of votes cast for the amendment(s)	
	proved by the shareholders through vecentrical reach voting group entitled to vote s	voting groups. The following statement eparately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were suff	ficient for approval	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors witho	out shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without sh	hareholder action and shareholder	
May 1, 20	16		
DatedSignature	Svausin	-	
(By a select	lirector, president or other officer - i	f directors or officers have not been ds of a receiver, trustee, or other court	
	Cynthia Stump Swanson		
	(Typed or printed name	of person signing)	
	President, Director		
	(Title of per	son signing)	