

S89971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

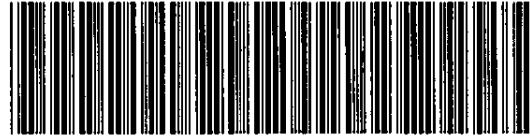
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700267543857

12/30/14--01009--001 **35.00

FILED
15 JAN 16 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2015

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2015

TIMOTHY J MURTY ESQ
1633 PERIWINKLE WAY STE A
SANIBEL, FL 33957

SUBJECT: JOSEPH M. BURNS, INC.
Ref. Number: S89971

We have received your document for JOSEPH M. BURNS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000067784.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 515A00000182

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOSEPH M. BURNS, INC.

DOCUMENT NUMBER: S89971

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

Please return all correspondence concerning this matter to the following:

TIMOTHY J. MURTY, ESQ.

Name of Contact Person

TIMOTHY J. MURTY, P.A.

Firm/ Company

1633 PERIWINKLE WAY, SUITE A

Address

SANIBEL, FL 33957

City/ State and Zip Code

timmurty@islandatty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY J. MURTY

Name of Contact Person

at (239) 472-1000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

JOSEPH M. BURNS, INC.

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

S89971

(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:

BURNS FAMILY TEAM, INC.

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)

c/o ROYAL SHELL REALTY

959 PERIWINKLE WAY

SANIBEL FL 33957

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O ROYAL SHELL REALTY

959 PERIWINKLE WAY

SANIBEL FL 33957

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

959 PERIWINKLE WAY

(Florida street address)

New Registered Office Address:

SANIBEL

(City)

, Florida 33957

(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

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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)

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)

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 12-16-14

Signature Jeffrey K. Burns
(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)

JEFFREY K. BURNS
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)