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C. LEWIS

NOV 5 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: L. L.	ISA BATTS,	P.A.	
DOCUMENT NUMBER	:K27970	0		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this mat	tter to the followin	g:	
		<u>Rita::Mathe</u>	≃nv	
		Name of Conta		
L. LISA BATTS, P.A.				•
Firm/ Company				
55 E. Osceola Street Suite 100				
. Address				
Stuart, Florida 34994				
	, – –	City/ State and	Zip Code	
		pa551@bel	lsouth	.net
	E-mail address: (to be us	sed for future annu	al report no	tification)
For further information co	ncerning this matter, pleas	se call:		
Ri	ta Matheny	at (772	287-1883
Name of C	ontact Person	· ·— ·	Area Code	& Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Flor	rida Departi	ment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	ру	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenda Division P.O. Bo	Address nent Section of Corporations ox 6327 ssee, FL 32314		Division Clifton B	ent Section of Corporations

Tallahassee, FL 32301

APPROVE® AND FILED

Articles of Amendment to Articles of Incorporation

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SECRETARY	OF STATE
TALLAHASSE	E. FLORID,

L. LISA BATT	S. P.A.				
(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State)			
κ27970					
	Number of Corporation (if kr	nown)	 		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Fla</i>	orida Profit Corporation ado	pts the following	g amendmen	t(s) to
A. If amending name, enter the new nam	ne of the corporation:				
Stuart Law Group,	P.A.			The new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	ion "Corp," "Inc," or "Co	". A professional corporation		- breviation	
B. Enter new principal office address, if (Principal office address MUST BE A ST		55 E Osceola Stuart, Flori	Street	Suite	100
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of					
(Muning unaress MAT BE A POST O	FFICE BUX				
					
D. If amending the registered agent and new registered agent and/or the new	or registered office address	s in Florida, enter the name	of the		
Name of New Registered Agent	Rita Matheny				
-		Street Suite 100)		
New Registered Office Address:	(Florida street Stuart	,	34994		
	(City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if cha	anging Registered Agent:	hd	-C4b i4i		
I hereby accept the appointment as register	z W W arti	и ана ассері іне однуанопѕ (y ine position.		
Sion	ature of New Registered Ave	ent 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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) x Change	<u>Pres</u> ident	
X Add	Kathryn Heathcock	55 E Osceola Street, Ste 100
X Remove	L. Lisa Batts	Stuart, Florida 34994
2) X Change	Vice President	same as above
x Add	Kathryn Heathcock	
X Remove	L. Lisa Batts	
3) Change	Treasurer	same as above
X Add	Kathryn Heathcock	
Remove	L. Lisa Batts	
4) X Change	Secretary	same as above
× Add	Kathryn Heathcock	
x Remove	L. Lisa Batts	
5) X Change	<u>Director</u>	same as above
x Add	Kathryn Heathcock	
Remove	L. Lisa Batts	
6) Change		<u> </u>
Add	· · · · · · · · · · · · · · · · · · ·	
Remove		

If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)							
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(if not applicable, indicate N/A)	if not co	ontainec	d in the a	amendme	nt itself:	ares,	
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APPROVED AND FILED

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The date of each amendment	s) adoption:	SECRETAL	_, if other than t
date this document was signed.		SECRETARY OF TALLAHASSEE,	SIAIE
Effective date if applicable:	10/29/13		CORIBA
· ·	(no more than 90 days afte	er amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)	
	e approved by the shareholders through voting for each voting group entitled to vote separ		
"The number of votes	cast for the amendment(s) was/were sufficient	nt for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the board of directors without s	hareholder action and shareholder	
X The amendment(s) was/wer action was not required.	e adopted by the incorporators without share	holder action and shareholder	
Dated	10/02/15		
Si	y a director, president or other officer if di lected, by an incorporator – if in the hands of pointed fiduciary by that fiduciary)	rectors or officers have not been fa receiver, trustee, or other court	_
	L. Lisa Batts		
	(Typed or printed na	me of person signing)	_
	President/Direct	tor	
	(Title of pers	son signing)	