P04000093047

(Re	questor's Name)	
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SECRETARY OF STATE
FALL AHASSEE FLORING

My Charley

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	on: Any	Blan Fossen 1	PA
DOCUMENT NUMBER:	POLO	000 93047	
The enclosed Articles of Am	endment and fee a	re submitted for filing.	
Please return all corresponde	ence concerning thi	s matter to the following:	
	And Jones	OCUSO of Contact Person)	
7	Any B V	Om FOSSE PA	
1 1 1 1 1 1	76 thuy	AM, SciteEA	
	Safelli (City/s	He Black, 743 tate and Zip Code)	32937
For further information cond	erning this matter,	please call:	
Any acks	Person)	at (321) 773- 5	5225 Telephone Number)
Enclosed is a check for the f	ollowing amount m	nade payable to the Florida Dep	partment of State:
	75 Filing Fee & tificate 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 Corporat P.O. Box 6327 Tallahassee, FL 323		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle

Articles of Amendment

to

Articles of Incorporation

of	•
Amy B. Van Fossen, F	Λ
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
P04000093047	
(Document Number of Corp	pration (if known)
Pursuant to the provisions of section 607.1006, Florida S following amendment(s) to its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corpor	ation:
Amy B. Slackson, P.	A .
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must con association," or the abbreviation "P.A."	Co.," or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	\mathbf{z}) \mathbf{z}
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 9 MAR 27 PH 3: ECKE LARY UF STA
	IDA
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent: Amy	B. Jackson
New Registered Office Address: New Registered Office Address: All 6	Try IA, Scite EA Florida street address) White Black Florida 3233
	(City) (Zip Code)
position. MU	d Agent: am familiar with and accept the obligations of the Lower Medical 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			Add Remove
			Add Remove
	ling or adding additional Articles, Iditional sheets, if necessary). (Be		
provisio	nendment provides for an exchang ons for implementing the amendment of applicable, indicate N/A)		

Th	date of each amendment(s) adoption: 3/23/09	
Efi	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s) (CHECK ONE)	
Ø	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
	The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	er
	"The number of votes cast for the amendment(s) was/were sufficient for approval	
	by"	
	The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	Dated 3/23/09	
	Signature (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)	
	Any Jackson (formuly Vantasen) (Typed or printed name of person signing)	
	PRe S (Title of person signing)	