P05000104907

(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



800280667958

01/07/16--01029--010 **35.00



Amendage

JAN 25 2016 I ALBRITTON

COVER LETTER

-5.5

TO: Amendment Section **Division of Corporations**

NAME OF CORP	ORATION: 3rd Party Solutions	s, Inc.		
	MBER: P05000104967		· · ·	
	les of Amendment and fee are su	bmitted for filing.		
Please return all con	rrespondence concerning this ma	tter to the following:		
	James Adair			
		Name of Contact Person	1-	
	3rd Party Solutions Inc			
		Firm/ Company		
	4113 W Leila Ave			
, ,		Address		
	Tampa, Fl. 33616			
		City/ State and Zip Code	e	
jan	nes@FLPTampa.com			
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)	
	•	•	•	
For further informa	tion concerning this matter, pleas	se call:		
James Adair		at (813	453-4957	
Nan	ne of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment 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)	
A D P	Mailing Address Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2016

JAMES ADAIR 3RD PARTY SOLUTIONS, INC. 4113 E. LEILA AVE TAMPA, FL 33616

SUBJECT: 3RD PARTY SOLUTIONS, INC.

Ref. Number: P05000104967

We have received your document for 3RD PARTY SOLUTIONS, 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):

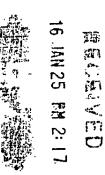
The specific business purpose of the professional association must be stated in the document.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 316A00000702



Articles of Amendment to Articles of Incorporation of

3rd Party Solutions, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P05000104967 (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: James Paul Adair, P.A. 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. 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) Florida New Registered Office Address: (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

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 De	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si	mith		
Type of Action (Check One)	Title		Name		Address
1) Change					
Add		٠.			
2) Change		_			
Add					
Remove 3) Change		_		-	
Add					
Remove			•		
4) Change Add				•	
Remove					
5) Change				-	
Add					
6) Change		_			
Add					
Remove					

	onal sheets,					0 .	_	A	
<u>wan 200</u>	perfese	will	include	Kecl	Esteti	Sences	Ond	Kelsted	achulties
	•								
									· · · · ·
									· · · · · · · · · · · · · · · · · · ·
				· · · · ·				·····	
			·						
.									
	• • • •		•						
		·	· · · · - · · · · · · · · · · · · · · ·				<u> </u>		
			·				·	· · ·	
····		······································				· · · · · · · · · · · · · · · · · · ·		·	·····
an amendn	nent provid	es for a	n exchan	ge, reclass	ification, o	r cancellation	of issue	d shares,	
	o <mark>r implemei</mark> oplicable, in			nent if not	<u>contained</u>	in the amend	ment its	<u>self:</u>	
(ij noi aj	эрисавіе, іп	ақсане 1	V/A)						•
									
								· · · · · · · · · · · · · · · · · · ·	

• •	1/1/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	1/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	 -
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareh	nolder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	er
1/1/2016		
Dated	$\overline{}$	
ā		
Signature	director, president or other officer - if directors or officers have not b	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other	
	inted fiduciary by that fiduciary)	
	James Adair	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	