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COVER LETTER

TO: Amendment Section Division of Corporations

	BLAKE, MI BER: P0700009236		E, P.A.		
	of Amendment and fee are su				
Please return all corre	spondence concerning this may	tter to the following:			
	ROY T. MILDNE	R, ESQ.			
		Name of Contact Person			
	BLAKE, MILDNE	R & ASSOCIAT	ES, P.A.		
	Firm/ Company 423 DELAWARE AVENUE				
	TZU DELAVVAINE				
	CODT DIEDOE I	Address			
	FORT PIERCE, F				
		City/ State and Zip Code			
rmi	ldner@floridalega	l.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:	•		
Roy T. Mildn	er	at (772	de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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 Articles of Incorporation of

BLAKE, MILDNER & OHLE, P.A.

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

P07000092361

(Document Number of	Corporation (if k	nown)		•
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Fl	orida Profit Corporatio	on adopts the following	g amendment
A. If amending name, enter the new name of the co	prporation:			
BLAKE, MILDNER & ASSOCIAT	ES. P.A.			ant .
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co	". A professional cor		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X</u>)			
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida stree	address)		
New Registered Office Address:		, Flo	rida	•
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the obliga	itions of the position.	
Signature of No.	ow Pagistared Ag	ant if ahanaina		

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 <math>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:	re, and our	ny omin, or as an Auc.	
X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	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	VP	Leanne Ohle	423 Delaware Avenue
Add			Fort Pierce, FL 34950
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	· <u> </u>
	(1.1	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a	adopted by the incorporators without shareholder action and shareholder	
action was not required.	the state of the s	
Dated	19/31/17	
<u> </u>		
Signature		
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Roy T minoren	
	(Typed or printed name of person signing)	
	& Amm	
	(Title of person signing)	