P12000094167

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations	E 80
NAME OF CORPORATION: Law Office of John K. Cartin, P.A.	28 PM 1143
DOCUMENT NUMBER: _ P12000094167	11 1
The enclosed Articles of Amendment and fee are submitted for filing.	25
Please return all correspondence concerning this matter to the following:	
John K. Carter	
Name of Contact Person Law Office of John K. Carter, P. A. Firm/Company	
9500 Koger Blvd, SuitellZ	
9500 Koger Blvd, Su. tell2 Address St. Petersburg, Florida 33702 City/ State and Zip Code	
John & John K Carter law, com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
John K. Carter at (727) 456-8970 Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301	

Articles of Amendment

Articles of Incorporation

of	\^
Law Office of John K. Ca (Name of Corporation as current)	cter, P.A.
	ly filed with the Florida Dept. of State)
712000094167	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9500 Koger Blud, Suite 112 St. Petersburg, Florida 33702
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9500 Koger Bird, Suite 112 St. Petersburg, Florida 33702
D. If amending the registered agent and/or registered office address	
Name of New Registered Agent 9500 Koope Blv ((Florida str	
New Registered Office Address: St. Petersberg	(Ctiv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	: 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change	_		
Add			
Remove			
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Mach additional sheets, if necessary).	(Be specific)	<u>re</u> :		
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f an amendment provides for an exch	nge reclassification (ur cancellation of icen	ad shares	
provisions for implementing the amer	dment if not contained	in the amendment it	seif:	
(if not applicable, indicate N/A)			<u>-</u>	
	<u> </u>	· 		
<u> </u>				
				

		_	
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: Some	September	14,2017	if other than the
Effective date if applicable:	eptember 14	,2017	
Enterview date it appreciate.	(no more than 90	days after amendment file	date)
Note: If the date inserted in this block does not document's effective date on the Department of		able statutory filing require	ements, this date will not be listed as the
Adoption of Amendment(s) (CII	ECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		number of votes east for th	e amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amen	idment(s) was/were	sufficient for approval	
by			
(vot	ing group)		
The amendment(s) was/were adopted by the action was not required.	board of directors v	without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators witho	out shareholder action and s	shareholder
Dated September 3	26,2017		
Simulation of Co	<u></u>		
(By a director, presi	ident or other office orporator – if in the	er – if directors or officers hands of a receiver, trustee	
Joh	n K. Co	ir fer	
(Typed or printed n	ame of person signing)	
Presid	lent		
	(Title o	f person signing)	