## P2200006258

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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	-
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## **COVER LETTER**

O: Amendment Section Division of Corporations
DOCUMENT NUMBER: 12200006258
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Context Person  Jannifer Context  Name of Context  Firm/ Company  Jannifer Context  Firm/ Company  Address  Address  Middle burg F 32008  City/ State and Zip Code  Land Company  E-mail address: (to be used for filture annual report notification)
or further information concerning this matter, please call:
Name of Contact Person at (904), 424-6221  Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

	Articles of Incor	poration		
Jannif	er Anr	Conte	P.A.	
(Name of Corporati	on as currently f	iled with the Florida	Dept. of State)	
72201	0000 600	)2 X		
(Docum	nent Number of C	orporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Fle</i>	orida Profit Corporati	on adopts the follow	ring amendment(s) t
A. If amending name, enter the new name of the co	orporation:	P.A.		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A p	npany," or "incorpora rofessional corporati	ited" or the abbrevia on name must conf	tion "Corp.," ain the word
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )			
	-			
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>		s in Florida, enter th	e name of the	
Name of New Registered Agent			<del>.</del>	
	(Florida street	address)		
New Registered Office Address:			. Florida	
Hew Registered Office Address.	(Ci	(ty)		p Code)
				2077 c
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accept the oblige	utions of the position	, , I.
			· .	_
Signo	ature of New Regi	stered Agent, if chang	ing	
Charle if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>y</u>	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		·	
Add			<del> </del>
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

	I sheets, if necessary).	(Be specific)				
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an amendmen	t provides for an excl	nange reclassifica	tion or cancellut	ion of icenad cha-	700	
	mplementing the ame				105,	
(if not applie	cable, indicate N/A)					
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors withou	at shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for approval.	or the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	I
by		202
	(voting group)	2
Dated	- 22-22	
Signature	21m/41 Ob Cantle	
sclecte	rector, president or other officer – if directors or office I, by an incorporator – if in the hands of a receiver, tru ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	fresident	
	(Title of person signing)	