## P96000012016

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Amend/Mame

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## **COVER LETTER**

TO: Amendment Section

-45

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

4.45

Division of Corporations				
NAME OF CORPORATION: JOHNSON AWESTHESIA, P.A.				
DOCUMENT NUMBER: <u>P96000012016</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person	··			
Name of Contact Person				
LARASOTA FACIAL AESTHETICS				
Firm/ Company				
3891 Spyglass HILL Rd.				
' Address				
SARASOTA, FL 34238				
City/ State and Zip Code				
. 141/10 200 1000				
E-mail address: (to be used for future annual report notification)				
E-man address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
VICKY VOHNSON at 239, 470-1674				
Name of Contact Person Area Code & Daytime Telephone Nur	nber			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section				

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

	ntly filed with the Florida Dept, of State)	
JOHNSON ANESTHE	SA. P.A.	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
SARASOTA FACIAL AL	STHETICS PA	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the about the company or "incorporation name must comporation name must compore the company of the com	breviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1445 S.Osprey Av Suite 2	<u>e.</u>
	SarasoTA F1 342	239
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1445 S. Osprey P Suite 2	tre.
	SArasoTA, FL 34	1239
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	SIVIS 2115
	(City) (Zip Co	CCBETARY CRETA
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.	ë Sa
NA		TO THE STATE OF TH
Signature of New	v 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	1 \ a		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith	N		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	·		Address
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add		-			
Remove					
4) Change					
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5) Change		<u>.                                    </u>			
Add					
Remove					
6) Cha					
6) Change					
Add					
Remove					

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f an amendment r	provides for an exchange,	reclassification, or c	ancellation of issued	shares,
	alementing the amendmen	it if not contained in	the amendment itsel	<u>t:</u>
provisions for im	hle indicate N/A)			
provisions for im	ble, indicate N/A)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/18/15	
Signature & Virley Johnson	
(By a director, president or other officer - if directors or officers have not been	<u></u>
selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Vicky Johnson	<del></del>
(Typed or printed name of person signing)	
@ president	
(Title of person signing)	