# P9600012016

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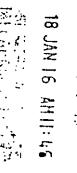
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R. WHITE
JAN 17 2018



#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

¢

NAME OF CORPORATION:	Sarasom Facial Aestheties P. A
DOCUMENT NUMBER:	P96000012016
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
<del></del>	Vicky Johnson  Name of Contact Person
	Firm/Company 3526 Trebor LN
<del></del>	3526 The bor LN  Address SAras OTA, FL 34235  City/ State and Zip Code
E-mail addres	Vitennis D Mac COM s: (to be used for future annual report notification)
For further information concerning this m	atter, please call:
Vicky Johns Name of Contact Person	at (239) 470 1674  Area Code & Daytime Telephone Number
_	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filin Certificate of	In graph of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	Street Address  Amendment Section  Division of Corporations  Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

## Articles of Incorporation of

FILEL

18 JAN 16 AH 11: 45

Sarasom Facia	a Aesthetics PaA.
	filed with the Florida Dept. of State)
P96000	012016
(Document Number of	
(4.002	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Vicky Johnso	n ARNP P.A. The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation or "incorporation name must contain the
B. Enter new principal office address, if applicable:	3526 TRebor LN
(Principal office address MUST BE A STREET ADDRESS)	
	SARASOTA, F134235
C. Enter new mailing address, if applicable:	3526 Trebor LN
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	SArasom, FL 34235
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	, / /
(Florida stree	t others
(1 ionium sacc	a tady ess.
New Registered Office Address:	, Florida'
	City) (Zip Code)
New Designational According Companies of the series of According Designations of the series of the s	
New Registered Agent's Signature, if changing Registered Agent; hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	,
	. 1 / 10
	K   / /
Signature of New Re	gistered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Address	
1) Change			
Add			
Remove			
2) Change		- <del>M</del>	
Add		·	
Remove 3 ) Change			
Add			
Remove			
4) Change	-	— <del>— — — — — — — — — — — — — — — — — — </del>	
Remove		·	-
Change		- AHA	
Add		·	<del></del>
Remove			
Change			<u> </u>
Add		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Remove			

Se specific)
e, reclassification, or cancellation of issued shares, pent if not contained in the amendment itself:

The date of éach amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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
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
Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Dresident

(Title of person signing)