556838

· (Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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MUAILANASSEE, FLORIDA

APR 01 2014 R. WHITE

COVER LETTER

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TO: Amendment Section Division of Corporations		
NAME OF CORTORATION.	Vhite and Kacher	gus, P.A.
DOCUMENT NUMBER: 556838		<u>;</u>
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Elizabeth L. Wh		
Sheppard, Whit	Name of Contact Person e and Kacher	gus, P.A.
2.4=	Firm/ Company	
215 Washington	n Street	
Jacksonville, FL	Address - 32202	
	City/ State and Zip Code	
sheplaw@att.net		
	d for future annual report n	otification)
For further information concerning this matter, please	call:	
Elizabeth L. White	_{at (} 904	356-9661
Name of Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Depar	tment 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	Street A	
Amendment Section Division of Corporations		nent Section of Corporations
P.O. Box 6327	Clifton I	Building
Tallahassee, FL 32314		ecutive Center Circle see, FL 32301

Articles of Amendment Articles of Incorporation

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14	MAR 31	ĵ:u	
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to

	tly filed with the Florida De	pt. of State)	MIASSEL FLORIDA
56838			
(Document Number	er of Corporation (if known)		
rsuant to the provisions of section 607.1006, Fl Articles of Incorporation:	orida Statutes, this <i>Florida P</i>	rofit Corporation ad	opts the following amendm
If amending name, enter the new name of the	ne corporation:		
heppard, White, Kacher	rgus and DeMa	iggio, P.A.	The nev
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co". A p	pany," or "incorpo professional corpora	rated" or the abbreviation
Enter new principal office address, if applic rincipal office address <u>MUST BE A STREET</u>			
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>		
If amending the registered agent and/or reg		rida, enter the nam	e of the
new registered agent and/or the new registe			
Name of New Registered Agent			
		- .	
	(Florida street address)	
	(Florida street address) , Florida_	

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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name .		<u>Addres</u> s
1) Change		_		-	
Add					
Remove				-	
2) Change		_		_	
Add				_	
Remove				-	
3) Change		_		_	
Add				_	
Remove				-	
4) Change	 	- -		_	
Add				_	
Remove				-	
5) Change		_		-	
Add				-	
Remove				-	
6) Change				_	
Add				_	
Remove					

	rticles, enter change(s) here: (Be specific)
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisions for implementing the an	nenument if not contained in the amendment usen.
(if not applicable, indicate N/A)	neithment if flot contained in the amendment resen-
(if not applicable, indicate N/A)	neitument it not contained in the amendment risen.
provisions for implementing the am (if not applicable, indicate N/A)	nendment it not contained in the amendment risen.
(if not applicable, indicate N/A)	TENUMENT II NOC CONCAMICU III (III AMERICAN TISCI).
(if not applicable, indicate N/A)	TENUMENT II NOC CONCAMICU III (III CAMENGAMENT ISSEN)
(if not applicable, indicate N/A)	TENUMENT II NOC CONCAMICU III (III AMERICANI III SEA).

i ne date of each amendment(s) ac	loption:	, if other than
late this document was signed.		
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated March	28,2014) 111 Danys al	
Signature	rector, president or other officer – if directors or officers have not been	<u> </u>
	f, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Wm. J. Sheppard	
	(Typed or printed name of person signing)	
	President	
	. (Title of person signing)	