## 602305

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FILEB SECRETARY OF STATE SYISSON OF CORPORATIONS



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	AATION: JEROME W	/EITZEN, O.D.,	P.A.		
DOCUMENT NUMB	BER: 602305				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Dr. Jerome Weitz	en			
		Name of Contact Person	<u> </u>		
	JEROME WEITZEN, O.D., P.A.				
•		Firm/ Company			
	213 Laura St.				
•		Address			
	Jacksonville, Flor	ida 32202			
	-	City/ State and Zip Code			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
Dr. Jerome Weitzen		at (904	, 353-3163		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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  Amendment Section		Street Address Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
	ahassee, FL 32314	2661 Executive Center Circle			
Tallahassee, FL 32301			assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

JEDOME MEITZEN OD	01				
JEROME WEITZEN, O.D.	<u> </u>	Ilonida Dont of State)		-	
602305	priently med with the r	iorida Dept. or State)			
	Number of Corporation (	it known)		-	
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corpora	ation adopts the following	g amendmer	nt(s) to
A. If amending name, enter the new nam	ne of the corporation:			The new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	tion "Corp," "Inc," or	'Co''. A professional o		<u>bbreviation</u>	
B. Enter new principal office address, if (Principal office address MUST BE A ST.	applicable:	N/A		_	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		N/A		- - 13 NO	TARON TARON
D. If amending the registered agent and new registered agent and/or the new	registered office addres		he name of the	V 25 PH 11:4	TARY OF STATE
Name of New Registered Agent	N/A			Ţ	̤
New Registered Office Address:	(Florida st N/A	reet address)	Florida_	_	
	(City)		(Zip Code)	_	
New Registered Agent's Signature, if ch	anging Registered Agen	<u>tı</u>			

I hereby accept the appointment as registered agent. I am familiar 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 <math>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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	٧	Amanda Beth Weitzen	213 Laura Street
Add			Jacksonville, Florida 32202
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
A	
· · · · · · · · · · · · · · · · · · ·	
If an amondment provides for an even	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suit	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved 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)	
	(voling 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	
<sub>Dated_</sub> Novemb	per 1, 2013	
Signature	irector, president or other officer – it directors or officers have not been	_
selęcje	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	JEROME WEITZEN	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	