

603688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

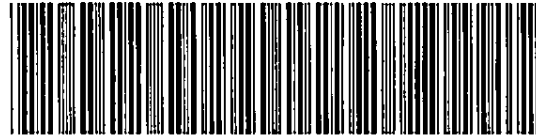
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rita Briggso 8/15/17
Auth. the Adoption

Office Use Only



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08/07/17--01028--006 **43.75

FILED

2017 AUG 15 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/cc

AUG 15 2017

I ALBRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

DR. OMAIR ZAFAR
JAMES V. STELNICKI, D.P.M., P.A.
6543 MADISON ST
NEW PORT RICHEY, FL 34652-1926

SUBJECT: JAMES V. STELNICKI, D.P.M., P.A.
Ref. Number: 603688

We have received your document for JAMES V. STELNICKI, D.P.M., P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 817A00016562

Articles of Amendment
to
Articles of Incorporation
of

James V Stelnicki, DPM PA

(Name of Corporation as currently filed with the Florida Dept. of State)

603688

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

same

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

same

NA

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

NA

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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.

X Change PT John Doe

X Remove V Mike Jones

| | | |
|--------------|----|-------------|
| <u>X</u> Add | SV | Sally Smith |
|--------------|----|-------------|

| | | | |
|-----------------------|---|--------------------|--------------------------------|
| 1) <u> </u> Change | P | Dr James Stelnicki | |
| <u> </u> Add | | | 6543 Madison St |
| X <u> </u> Remove | | | New Port Richey, Fl 34652-1926 |

| | | | |
|-----------------------|---|----------------|--------------------------------|
| 2) <u> </u> Change | P | Dr Omair Zafar | |
| <u>X</u> Add | | | 6543 Madison St |
| <u> </u> Remove | | | New Port Richey, Fl 34652-1926 |

3) ☐ Change ☐ ☐ ☐

☐ Add ☐ ☐

☐ Remove ☐

4) Change _____

Add _____

Remove _____

5) ☐ Change ☐ Add ☐ Remove

g) ☐ Change ☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

NA

July 28th, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

July 28th, 2017

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 _____."
(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 7/28/2017

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)

Dr Omair Zafar

(Typed or printed name of person signing)

President

(Title of person signing)