## 605094

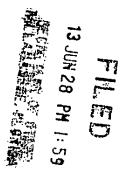
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C. LEWIS

JUL 3 2013

**EXAMINER** 

## COVER LETTER

TO: Amendment Section

Division of Corporations

Drs Roberts a Carrell P.A. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Melanie Carrell

Name of Contact Person Drs Roberts - Corvell
Firm/Company 5921 Collins Rd Stel

Address

Tackson ville FL 32244

City/ State and Zip Code 3-15-13 dr carvelle drearvell com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melanie Carvell Enclosed is a check for the following amount made payable to the Florida Department of State: **☑**\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

**Articles of Incorporation** 

Roberts and Carrell, P.A.

FILED

13 JUN 28 PM 1:59

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

605094

(Document Number of Corporation (if known)

nent(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendn
A. If amending name, enter the new name of the corporation:  Dr Carvell & Associates, P.	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5921 Collins Rd Suitel
	Jacksonville FL 32244
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5921 Collins Rd Stell Sackson ville FL 32244
	32244
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address: (City)	, Florida(Zip Code)
, <i>"</i>	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
NIA	
Signature of New Registered 2	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>be</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	Address
1) Change		<del></del>		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		<del></del>		,
Remove				
5) Change		_		
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6) Change		_		
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f an amend	<u>lment provi</u>	<u>des for an exch</u>	ange, reclassifi	cation, or can	cellation of issue c amendment its	d shares,
provisions	for impleme	enting the ame indicate N/A)	ndment if not c	ontained in th	e amendment its	<u>elf:</u>
(ij noi i	аррисавіе, п	naicate IV/A)				
$N \setminus$	$\mathcal{J}$					
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The date of each amendment(s) adoption:	+11	2015	FH m
Effective date if applicable:	7/1/20		13 JUN 28 PM 1:59
•	(no more the	ın 90 days after amendment	file date) ON 28 PM 1. 5
			.59
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for		The number of votes cast fo	the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vote			
"The number of votes cast for the ar	mendment(s) was	were sufficient for approval	
by			17
(	voting group)		
☐ The amendment(s) was/were adopted by t action was not required.	he board of direc	tors without shareholder acti	on and shareholder
The amendment(s) was/were adopted by t action was not required.		without shareholder action a	nd shareholder
Dated 6 35 17	3		
Signature ( 4 )	M		
		officer – if directors or officent the hands of a receiver, true	
	ary by that fiduci		see, or other court
$\mathcal{W}$	ielanie	Carvell	
	(Typed or prin	ted name of person signing)	
PI	esider	<del>1</del>	
	(Title of pe	rean cianina)	