# 647686

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### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HAMIC PREVITE	JONES & STURWOLD, I	P.A.			
DOCUMENT NUME	BER: 647686					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	DARA WHITE					
		Name of Contact Person	·			
	HAMIC PREVITE & STURWOLD, P.A					
		Firm/ Company				
	1905 S. FLORIDA AVE.					
	Address					
	LAKELAND, FL 33803					
		City/ State and Zip Code				
ĐWH	FTE@HPSADVISORS.COM	1				
		sed for future annual report	notification)			
		·	·			
For further information	concerning this matter, plea	se call;				
DARA WHITE		at (	682-5151 _) de & Daytime Telephone Number			
Name o	of Contact Person	Area Coc	le & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & 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 Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of



#### HAMIC PREVITE JONES & STURWOLD, P.A.

647686

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

nt(s) to

(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
HAMIC PREVITE & STURWOLD, P.A.	71
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 <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the
Name of New Registered Agent N/A	<del></del>
tFlorida st	reet address)
New Registered Office Address:	, Florida
The same of the sa	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

Signature of New Registered Agent, it 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:	e, ana sai	цу <b>эт</b> ип, г	SV as an Aaa.	
X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	$\underline{Y}$	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addręs</u> s
1) Change		_	N/A	
Add				
Remove				<del></del>
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

/A	
	<del>-</del>
	<del></del>
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)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory tiling requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
06/23/2017	
Dated	
(By a director, provident or other officer – if directors or officers have not been selected. If an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JAMES L. PREVITE	
(Typed or printed name of person signing)	
VICE-PRESIDENT	
(Title of person signing)	<del></del>