689937

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COVER LETTER

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TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Andra Todd Drey fas, P.A.					
DOCUMENT NUMBER: 689937					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Andra Drey fus Name of Contact Person Andra Todd Drey fus P.A. Firm/ Company 1463 bulf to Day Blod					
Clearnater, FL 33755 City/ State and Zip Code atdlaw firm Daol. (um E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
And Ory Gus at (727) 442 - 1144 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status \$\begin{array}{cccccccccccccccccccccccccccccccccccc					
Mailing Address Street Address					

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation

of

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	extus, V./t.
· · · · · · · · · · · · · · · · · · ·	as currently filed with the Florida Dept. of State)
<u> </u>	· /
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
Dreyfus H	werison. P.A. The new
name must be distinguishable and contain the word	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	NA N
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	, NA
	•
D. If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
i nereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	CAL Design 14 and Cal and
Signal	ure 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.

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)	Title		Name		Address
1) Change		_		-	
Add					
Remove					
2) Change					
Add		_			
Remove					
3) Change				,	•
Add		_		-	
Remove				•	
				•	
4) Change		_		-	
Add			•	-	
Remove					
5) Change					
Add		_		•	
				-	
Remove				•	
6) Change		_		-	***
Add					
Remove					

,	<u>cles, enter change(s) here</u> : (Be specific)
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	and the state of t
If an amendment provides for an exch	ange, reclassification, or cancellation of issued snares,
provisions for implementing the ame	ange, reciassification, or cancellation of issued snares, indirect if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued snares, adment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued snares, indirect if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued snares, adment if not contained in the amendment itself:
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provisions for implementing the ame	ange, reclassification, or cancellation of issued snares, indment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	FILE. SECRETARY OF STAIL
Effective date <u>if applicable</u> :	DIVISION OF CORPORATIONS
(no more than 90 d	days after amendment file date) 16 FEB 12 AM 9: 28
Note: If the date inserted in this block does not meet the applicat 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 n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vo	
"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 w action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	ıt shareholder action and shareholder
Dated	+> _
Signature	
(By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary)	- if directors or officers have not been nands of a receiver, trustee, or other court
Andra Vray	me of person signing)
	nie or person signing)
<u>fresident</u>	
(Title of	person signing)