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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	1
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

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bmitted for filing.	(元) (元) (2年)
ter to the following:	er in a second of the second o
Name of Contact Persor	1 5
P.A.	
Firm/ Company	,
venue	
Address	•
3606	
City/ State and Zip Code	e
.com	
ed for future annual report	notification)
e call:	
_{at (} 813	, 876-3113
Area Co	de & Daytime Telephone Number
payable to the Florida Depa	artment of State:
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle
	Name of Contact Person P.A. Firm/ Company Venue Address 3606 City/ State and Zip Code .com ed for future annual report e call: at (813 Area Co Dayable to the Florida Depa S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Division Clifton 2661 E

Articles of Amendment

to

	Articles of Incorporati	Юп		
Н.	of	P	St. St.	-4.1
(Name of Corporation as	currently filed with the Florida D	5 / . A .		9 0
(Name of Corporation as	100015	ept. of State)	903- -	1
(Decomposition)	Walland Companies (if known)		<u> </u>	M
	at Number of Corporation (if known)		<u> </u>	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	<i>Profit Corporation</i> adopt	s the following an	nendment(s) to
A. If amending name, enter the new na	me of the corporation:		>	
Hicks Knight, P.A.			The	e new .
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated."	ation "Corp," "Inc," or "Co". A	npany," or "incorporation professional corporation	ed" or the abbre	viation
B. Enter new principal office address, (Principal office address MUST BE A S				•
				. ::
			· _	•
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of			. 	•
				
D. If amending the registered agent an new registered agent and/or the new		lorida, enter the name o	of the	
Name of New Registered Agent	Adam J. Knight			
The state of the s	601 S Fremont Aven	ue		,
	(Florida street addre			
N D 1 100 111	Tampa		3606	
New Registered Office Address:	(City)	Florida	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent: vered agent I am familiar with and	accent the obligations of	the position.	
The state of the s	12-24		· r	
Si	gnature of New Registered Agent, if	changing		
		<i>U U</i>		

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

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Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	O J
X Add	<u>sv</u>	Sally Smith	Address
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address Sign 28
1) Change	PD	Henry W. Hicks	601 S Fremont Avenue
Add			Tampa, Florida 33606
Remove			
2) Change	PD	Adam J. Knight	601 S Fremont Avenue
✓ Add			Tampa, Florida 33606
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
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f an amendment provides for an exchange, reclassification, or cancella	tion of issued shows
provisions for implementing the amendment if not contained in the am	
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption: date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	•
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.	14 FB 47
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):	7
"The number of votes cast for the amendment(s) was/were sufficient for approval	E D
by"	. 28
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	:
Dated September 15, 2014	
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)	- - -
Adam J. Knight	_
(Typed or printed name of person signing)	
Director, President	: _
(Title of person signing)	