F17307

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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: CHARLES D. BA	RNARD, P.A.	 			
DOCUMENT NUM	1BER: F17307					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	Charles D. Barnard					
		Name of Contact Person	n			
	Charles D. Barnard, P.A.					
	Firm/ Company					
	6750 N. Andrews Avenue, S	te 200				
		Address				
	Fort Lauderdale, FL 33309					
		City/ State and Zip Cod	e			
cha	rlesbarnardesq@gmail.com					
		sed for future annual report	notification)			
	·	,	,			
or further information	ion concerning this matter, pleas	se call:				
Charles D. Barnard		954	561-5880			
Name	e of Contact Person	at () de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 to Articles of Incorporation of

CHARLES D. BARNARD, P.A.

(Name o	of Corporation as curren	tly filed with the Florida Dept.	of State)
F17307			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new na	nme of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A professional corporat	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			-
			
C. Enter new mailing address, if appli			
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)		
			<u> </u>
			SER TH
		 -	
D. If amending the registered agent an new registered agent and/or the new			انا م
	· · · · · · · · · · · · · · · · · · ·	<u>51</u>	
Name of New Registered Agent	(770.)		
	6750 N. Andrews Avenu	<u> </u>	<u> </u>
		treet address)	11100
New Registered Office Address:	Fort Lauderdale		Florida 33309
		(City)	(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agen	t:	
I hereby accept the appointment as regist			of the position.
	Signature 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.

Example: X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change				
Add				
Remove				 -
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
d) Chausa				
4) Change				
Add Remove				
Kemove				
5) Change		_		
Add				
Remove				
6) Chara				
6) Change		_		
Add				
Remove				

maen augmonai miggi	additional Articles, if necessary).	(Be specific)			
				<u> </u>	
		_			
			-	•	<u> </u>
	<u> </u>				
					-
			 		
					
an amendment prov	ides for an exch	ange, reclassific	ation, or cancells	ation of issued sh	ares.
<u>provisions for implen</u>	nenting the amer	ndment if not co	ntained in the ar	nendment itself:	
(if not applicable,	indicate N/A)				

The date of each amendment(s date this document was signed.) adoption:	, if other than the
-	October 1, 2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) is sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
· —————	(voting group)	
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Septem Dated	ber 14, 2018	
Signature	Ca. as	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Charles D. Barnard	
	(Typed or printed name of person signing)	
	President; Director	
	(Title of person signing)	