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COVER LETTER

TO: Amendment Section • Division of Corporations

NAME OF COR	PORATION: Heyden,	Milliken, Boeringer :	Irick, P.A.
DOCUMENT N	umber: F 55056		
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning thi	is matter to the following:	
<u> </u>	Ulliam B. Milliken (Name)	of Contact Person)	
<u>.H.</u>	ayden, Milliken, Boerin (Fit	ger + Irick P.A.	
<u>50</u>	715 Ponce de Leon E	Blvd. Suite 63 (Address)	
	liami FL 33 (City/S		
(Nan	ne of Contact Person)	at (<u>305</u>) <u>62</u> (Area Code & Daytim	e Telephone Number)
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	made payable to the Florida De \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section of Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Articles of Incorporation of

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Hayden, Milliken, Bo (Name of Corporation as curre	eringer & Lrick, ently filed with the Florida I	P. A Dept. of State)
F550SG		
	nber of Corporation (if known)
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incor		ida Profit Corporation adopts the
A. If amending name, enter the new name of	f the corporation:	
Hayden, Milliken Boering The new name must be distinguishable at "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	nd contain the word "cor "Inc.," or Co.," or the des	signation "Corp." "Inc," or
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	•	
D. If amending the registered agent and/or new registered agent and/or the new registered.		lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.		and accept the obligations of the
	Signature of New Registered A	gent, 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) Address Type of Action Title **Name** ☐ Add ☐ Remove _____ 🗖 Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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)

Th	e date of each amendment(s) adoption:
	Gective date if applicable: (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
M	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.
	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)
	(voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
Q	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated_1/2/09 Signature_Works
	Signature Works Sylven
	(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)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Via Priles (Title of person signing)
	(Title of person signing)