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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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FUENTES & KREISCHER, P.A.

 $ATTORNEYS\,AT\,IA\,W$

LAWRENCE E. FUENTES lef@tklaw.net 1407 WEST BUSCH BOULEVARD TAMPA, FLORIDA 33612 TELEPHONE (813) 933-6647 FACSIMILE (813) 932-8588

ALBERT C. KREISCHER, JR. ack @lklaw.net

December 29, 2017

Division of Corporations P.O Box 6327 Tallahassee, FL 32314

Re: Charles A. McLaughlin, M.D., P. A., Articles of Amendment to Articles of Incorporation

Dear Sir or Madam:

We enclose herewith the Cover Letter, Articles of Amendment to Articles of Incorporation of Charles A. McLaughlin, M.C., P.A., together with our check for payment of the filing fee.

If anything further is needed, please contact our office.

Thank you.

Sincerely,

Donna S. Jannazzo Legal Assistant

/dsj Encls.

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION:Charles | A. McLaughlin, M. | D., P.A. |
|--|---|---|--|
| DOCUMENT NUMBE | R:G14530 | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for tiling. | |
| Please return all correspo | ndence concerning this ma | tter to the following: | |
| | Da | vid A. McLaughlin | |
| | | Name of Contact Person | n |
| | 28 | 841 Tupper Road | |
| | | Firm/ Company | |
| - | | Address | |
| | We | sley Chapel, Flor | ida 33545-4307 |
| | | City/ State and Zip Cod | |
| | da | vidmclaughlin424@ | gmail.com |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information of | oncerning this matter, pleas | se call: | |
| Lawrence E. Fu | entes | at (_813 |) 933-6647 |
| Name of C | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for th | ne following amount made | payable to the Florida Depe | artment of State: |
| XX □ \$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

| | ot | ſ | | | | |
|--|-------------------------------|-------------------------------|---------------|----------------|-----------------|----------|
| Charles A. McLaughlin, M.D., P.A. | | | | | | |
| (<u>Name</u> | of Corporation as current | ly filed with the Florida Dep | ot, of State) | | | |
| G14530 | | | | | | |
| | (Document Number c | of Corporation (if known) | | | _ | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | .1006. Florida Statutes, this | Florida Profit Corporation a | idopts the fe | llowing a | mendm | ent(s) t |
| A. If amending name, enter the new na | ame of the corporation: | | | 71- | | |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or | "Co". A professional corpor | | the abbi | | 1 |
| P. Vintar new principal office address: | iCapplicable: | 28841 Tupper Road | | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | Wesley Chapel, FL 33545-4307 | | | | |
| C. Enter new mailing address, if appl | | 28841 Tupper Road | | | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | Wesley Chapel, FL | | | 6 | |
| | | 33545-4307 | | | Z | |
| D. If amending the registered agent ar new registered agent and/or the ne | | | me of the | | .2 PH | 100 |
| Name of New Registered Agent | David C. McLaughlin | | | (T) | . | |
| | 28841 Tupper Road | | | 13.00 13.00 | . <u>ω</u> 6 | |
| | (Florida st | rect address) | | | | |
| New Registered Office Address: | Wesley Chapel, FL | | Florida | | | |
| | (City) | | | - (Zip Coo | , . | |

Signature of New Registered Agent, if changing

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Doe | |
|-------------------------------|--------------|-----------------------------|-------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| I)Change | PTSD | David A. McLaughlin | 28841 Tupper Road |
| X Add | | | Wesley Chapel, FL |
| Remove | | | 33545-4307 |
| 2) Change | PD | Charles A. McLaughlin, M.D. | Deceased |
| Add | | | |
| X Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | - |
| Remove | | | |

| Attach additional si | ling additional Articl heets, if necessary), | (Be specific) | | | |
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| f an amendment p | rovides for an exchain the amend | nge, reclassifica | tion, or cancellat | ion of issued shar | <u>rs.</u> |
| (if not applica | hle, indicate N/A) | mient ii not con | tamed in the am | indifferent reserri. | |
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| | December 28, 2017 | |
|---|--|---------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| date this document was signed. | pecember 28, 2017 | |
| Effective date if applicable: | ecember 28, 2017 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this date of Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ■ The amendment(s) was/were a by the shareholders was/were | idopted by the shareholders. The number of votes east for the amendment(s) 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 co | ist for the amendment(s) was/were sufficient for approval | |
| hy | | |
| | (voting group) | |
| ☐ The amendment(s) was/were a action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| Decemb | er 28, 2017 | |
| Dated | | |
| | Janiel Man | |
| Signature 🗸 | 1 mily | |
| | director, president or other officer – if directors or officers have not been | |
| | eted, by an incorporator – if in the hands of a receiver, trustee, or other court planted (iduciary by that (iduciary) | |
| | | |
| | David C. McLaughlin, Personal Representative | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |

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