

G411009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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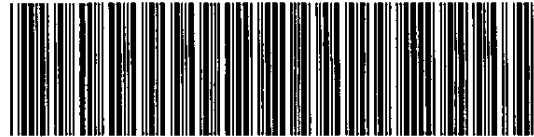
(Business Entity Name)

(Document Number)

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17 MAY 25 PM 3:33

Amcl
MAY 30 2017
R. WHITE

LAW OFFICES
THOMPSON, SIZEMORE, GONZALEZ & HEARING

PROFESSIONAL ASSOCIATION

HARRISON C. THOMPSON, JR.
(1925 - 1994)
WILLIAM E. SIZEMORE
(1945 - 2004)

BENJAMIN W. BARD
SACHA DYSON *
THOMAS M. GONZALEZ
GREGORY A. HEARING *†

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ERNESTO MAYOR, JR.
NATHAN J. PAULICH
TRISTAN J. REINIERS
CHARLES J. THOMAS
DAVID D. TURKEL

† BOARD CERTIFIED IN CIVIL TRIAL BY THE FLORIDA BAR
* BOARD CERTIFIED IN LABOR & EMPLOYMENT LAW BY THE
FLORIDA BAR

May 22, 2017

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Document Number G41099

Dear Sir/Madam:

Enclosed please find our firm's check in the amount of \$35.00 along with Articles of Amendment to Articles of Incorporation for the purpose of amending the Directors. Please do not hesitate to contact me should you have any questions.

Thank you.

Sincerely,



Valerie Tolisano
Firm Administrator

/vt
Enclosure

Articles of Amendment
to
Articles of Incorporation
of

17 MAY 20 PM 3:53

Thompson, Sizemore, Gonzalez & Hearing, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

G41099

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	PD	Thomas M. Gonzalez	201 North Franklin Street
<input type="checkbox"/> Add			Suite 1600
<input type="checkbox"/> Remove			Tampa, Florida 33602
2) <input checked="" type="checkbox"/> Change	STD	Gregory A. Hearing	201 North Franklin Street
<input type="checkbox"/> Add			Suite 1600
<input type="checkbox"/> Remove			Tampa, Florida 33602
3) <input type="checkbox"/> Change	D	Kevin D. Johnson	201 North Franklin Street
<input type="checkbox"/> Add			Suite 1600
<input checked="" type="checkbox"/> Remove			Tampa, Florida 33602
4) <input type="checkbox"/> Change	D	Erin G. Jackson	201 North Franklin Street
<input type="checkbox"/> Add			Suite 1600
<input checked="" type="checkbox"/> Remove			Tampa, Florida 33602
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 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)

- ☐ 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 action was not required.

May 18, 2017
Dated _____

Signature Thomas M. Gonzalez
(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)

Thomas M. Gonzalez

(Typed or printed name of person signing)

President

(Title of person signing)