(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700250074887

07/29/13--01015--008 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	_{N:} MELCHAI	R & BOWIE, I	² .А.
DOCUMENT NUMBER:	124513		
The enclosed Articles of Ame	ndment and fee are sub	omitted for filing.	
Please return all corresponder	ace concerning this mat	ter to the following:	
SU	SAN OSSI		
	•	Name of Contact Persor	1
OSSI LAW FIRM, P.A.			
473	1 NW 53rd	Firm/ Company AVE., SUITE	1
-		Address	.
GA	INESVILLE,	FL 32653	
		City/ State and Zip Code	2
brianm	ielchar@yal	noo.com	
		ed for future annual report	notification)
For further information conce	rning this matter, please	e call:	
SUSAN OSSI		at (352	692-4888
Name of Conta	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made p	ayable to the Florida Depa	artment of State:
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327	Amend Division Clifton 2661 E	Address Iment Section In of Corporations Building xecutive Center Circle Issee, FL 32301

Articles of Amendment to Articles of Incorporation of

MELCHAR & BOWIE, P.A.		
(Name of Corporation as currently filed with the	he Florida Dept. of State)	
H24513		
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to)
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
MELCHAR & BOWIE, INC.	The new	
name must be distinguishable and contain the word "corpor" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the	
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)		
	As 2	
	address in Florida, enter the name of the lress: A SECRETARY OF STATE OF S	
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	address in Florida, enter the name of the lress:	T
	29 29 IL	
Name of New Registered Agent		\Box
		· >
(Florid	da street address)	
New Registered Office Address:	, Florida	
, r	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil		
т петебу иссерстве ирропитет из теділістви идет. Тит јити	наг жин ана ассері іне оонданоль ој іне розиюн.	
Signature of New Register	red 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 <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.

Example: X_Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				······
6) Change				
Add		_		
Remove				

If amending or adding additional Arti. Attach additional sheets, if necessary).	(Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the unionament 1951.

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (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 by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ः
Dated 7/24/13	
Signature Dun A Melchan Rosedant	
(By a director, president or other officer — if directors or officers have not be selected, by an incorporator — if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
Donne S Donne Vice Pros	
(Typed or printed name of person signing)	
BRIAN L MELCHAR PRESIDENT (Title of person signing) DONNA S. Baulie Vice Preside	
(Title of person signing)	· . /
DOWNA S. BOWLE VICE MEDICE	in .