Division of Corporations

action of State sign of Corporations tronig Filing Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000207154 3)))



H210002071543ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE PERMENTER LAW FIRM, P.A.

Account Number : I20200000193 : (352)622-1811 Phone

Fax Number : (352)622-1866

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tommy@permenterlaw.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN JOHN H. PICCIN, P.A.

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 03 | |
| Estimated Charge | \$35.00 | |

H21000207154 3

ARTICLES OF AMENDMENT ARTICLES OF INCORPORATION OF

JOHN H. PICCIN, P.A.

Check if applicable

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

(A Florida Limited Liability Company)

| H73199 | | |
|---|---|--|
| (Documen | nt Number of Corporation) | |
| Pursuant to the provisions of section 607, adopts the following amendment(s) to its | 1006, Florida Statutes, this <i>Florida Profit Corporation</i> Articles of Incorporation: | |
| A, if amending name, <u>enter the new na</u> | me of corporation: | |
| PICCIN & GLYNN, P.A. | | |
| B. Enter new principal office address. | if applicable: | |
| C. Enter new mailing address, if applic | | |
| | d/or registered office address on our records, <u>enter</u> ind/or the new registered office address here: | |
| Name of New Registered Agent: | KATHERINE P. GLYNN | |
| New Registered Office Address: | | |
| New Registered Agent's Signature, if cl | hanging Registered Agent: | |
| hereby accept the appointment as registered position. | f agent. I am familiar with and accept the obligations of the | |
| | | |

__ The emendment(s) Is/are being filed pursuant to s. 807.0120(11)(e), F.S.

H21000207154 3

If Amending the Officers and/or Directors, enter the title, name, and address of each person

being added or removed from our records: MGR = Manager AR = Authorized Representative Type of Action Title <u>Name</u> Address 320 N.W, 3rd Avenue **VP** Katherine P. Glynn Ocala, Florida 34475 ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Change E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary.) 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)

H21000207154 3

| | e date of each amendment(s) adoption:errors er than the date this document was signed. | |
|---------|--|-------------------|
| | • | |
| епесс | ective date <u>if applicable:</u> | |
| | te: If the date inserted in this block does not meet the applicable statutory date will not be listed as the document's effective date on the Department | |
| Adopt | option of Amendment(s) (CHECK ONE) | |
| | The amendment(s) was/were adopted by the incorporators, or board of shareholder action and shareholder action was not required. | directors without |
| | The amendment(s) was/were adopted by the shareholders. The number cast for the amendment(s) by the shareholders was/were sufficient for a | |
| f | The amendment(s) was/were approved by the shareholders through vot following statement must be separately provided for each voting group a separately on the emendment(s): | |
| | *The number of votes cast for the amendment(s) was/were sufficient for | or approval |
| | (voting group) | |
| Dated _ | 10 May 24 2021. | |
| | J. W. Piin | |
| | V(Signature by a director, president or other officer – if directors have been selected, by an incorporator – if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary) | |
| • | JOHN H. PICCIN, President | |

Typed or printed name of person signing and Title of person signing