H83327

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: Michael Papa & A	Associates, P.A.					
DOCUMENT NUN	1493327						
The enclosed Article	s of Amendment and fee are su	abmitted for filing.					
Please return all corr	espondence concerning this ma	atter to the following:					
	Rosemary Slater						
	Name of Contact Person						
	Melin & Burnsed						
	Firm/ Company						
	1028 Lake Sumter Landing						
		Address					
	The Villages, Florida 32162						
		City/ State and Zip Cod	e				
rose	marys@mclinburnsed.com						
	E-mail address: (to be u	sed for future annual report	notification)				
For further informati	on concerning this matter, plea	se call:					
Rosemary Slater		at (352	de & Daytime Telephone Number				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:				
S35 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)				
An Di P.C	nailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Michael Pape & Associates, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) H83327 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/Λ (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: XChange	<u>PT</u>	John Do	<u>vc</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V		Suzanne Stancil	2351 SE 17th Street
X Add				Ocala, FL 3447!
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
IN/A
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)
N/A
N/A

	February 9, 2018	
The date of each amendment(s)	adoption:	, if other than th
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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following staten or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	12/2018 Will John	
(By a	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other cou	ırt
арро	nted fiduciary by that fiduciary)	
	Michael Pape	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	