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(Ad	ldress)	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

. Division of Corporations
NAME OF CORPORATION: FLORIDA PROFESSIONAL MANAGEMENT INC DOCUMENT NUMBER: V61746 (19THCHED)
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN VAN BLOIS
Name of Contact Person FRM INC / DBA FIRST PROFESSIONAL MINASHYENT, INC Firm/ Company Address
550 NE 14 IN ST
BOCA RATON FL 33432
Address BOCA RATON FL 33437 City/ State and Zip Code TUNBLO 15 & FRASTAFFING. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN VAN BLOIS at (561) 251- 0579
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\square\$ \$\squa
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to`
Articles of Incorporation

· · · of	
FLONADA PROFESSIONAL MAN	INBEMENT INC.
	ept. of State)
V 61746	
(Document Number of Corporation (if known	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: FIRST PROFESIONAL MA name must be distinguishable and contain the word "corporation," "contain the word	NAGGNEWY INC The new
name must be distinguishable and contain the word "corporation," "col "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	50 NE 14 € 57
	OCA RATON, FL 33432
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The Alac 121th and
$\frac{\mathcal{S}}{\mathcal{B}}$	50 NE /4# ST OCA RATON, FL 33432
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street addre	ss)
New Registered Office Address: (City)	, Florida (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 P

(NO CHANGE)

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: X Change	<u>PT</u>	John Doe	2		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change					
Remove					
2) Change		 .		- 	
Remove					
3) Change	,.	_ -			
Remove					
4) Change					
Remove					
5) Change		<u> </u>			
Add Remove					
6) Change		 -			
Add					
Remove					



If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
	
	
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(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)	
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.	
Dated 2/28/14	
Signature Jan Ver Bland	
(By a director, president or other officer – if directors or officers have not been	
affected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
VOAN P. VAN BLOIS	
(Typed or printed name of person signing)	
PRESIDENT/DWNER_	
(Title of person signing)	