(Requestor's Name)	
(Address) (Address)	600394798566
(City/State/Zip/Phone #)	
Business Entity Name)	
(Document Number)	14,10,10,10,10,10,10,00,00,00,00. •••00,00
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SUCRETARY OF STATE

2022 SEP 23 PH 4:03 -

#### COVER LETTER

T0: Amendment Section Division of Corporations

NAME OF CORPORATION: SHYAM VERMA, M.D., P.A.

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHYAM VERMA, M.D.

Name of Contact Person

SHYAM VERMA, M.D., P.A.

Firm/ Company

801 GARDEN ST

Address

THTUSVILLE, FL 32796

City/ State and Zip Code

SEANKVERMA23@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 SHYAM VERMA, M.D.
 at (321)
 506-9237

 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:

🔳 - \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

#### SHYAM VERMA, M.D., P.A.

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

L22760

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(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
	oration," "company," or "incorporated" or the abbreviation "Corp.," r="Co". A professional corporation name must contain the wore
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	<u>N/A</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
D. If amending the registered agent and/or registered	
<u>new registered agent and/or the new registered of New Registered Agent</u>	ice address:
	(Florida street address)
New Registered Office Address: N/A	
	(City) (Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

#### Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## 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)

Example:

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Please not+ the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustec; 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.

X Change  $\mathbf{PT}$ John Doe X Remove V Mike Jones <u>X</u> Add SV Sally Smith Type of Action Title <u>Name</u> Address (Cheek One) SEAN VERMA, MD 801 GARDEN STREET DR 1) \_\_\_\_ Change Х TITUSVILLE, FL 32796 Add \_\_\_\_ Remove 2) \_\_\_\_ Change Add \_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove

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# E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary). (Be specific)*

N/A

N/A
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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	
The date of each amendment(s) adoption:	, if	other than the
date this document was signed.		
N/A		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not b t of State's records.	be listed as the

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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) Dated\_\_\_\_ By a director, president of other other - if directors or officers have not been Signature selected, by an incorporator -/if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)