# L98141

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DIVISION OF AN 8: 27

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: TURNER 8	LOZADA, P.A.		
DOCUMENT NUM	BER: L98141			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LESLIE C. TURN	IER, JR.		
		Name of Contact Person	1	
	TURNER & LOZA			
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	,	
	1759 NE JACKS	ONVILLE ROAD		
		Address		
	OCALA, FL 3447	0		
		City/ State and Zip Cod	e .	
LT	URNER@T-LCPA	S.COM		
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:	·	
LESLIE C. T	URNER, JR	at (352	, 622-2271	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 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)	
	iling Address		Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
	Box 6327		Building	
	lahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Tallahassee, FL 32314

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

DIVISION LATEY
13 JAN LO
13 JAN LO AM 8: 27

## TURNER & LOZADA, P.A.

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

L98141			
(Document Number	of Corporation (if	known)	<del></del>
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <b>F</b>	Ilorida Profit Corporation add	opts the following amendment
A. If amending name, enter the new name of the	e corporation:		
TURNER & TURNER, P.A.			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "C	Co". A professional corporat	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )		·
			<del></del>
D. If amending the registered agent and/or regis		ess in Florida, enter the nam	e of the
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent			
	(Florida stre	et address)	
New Registered Office Address:	(City)	, Florida_	
	(City)		(Zip Code)
New Desistened Agentla Signature if shouging I	Decistered Agents		
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		ith and accept the obligations	of the position.
	•	. 3	
<u> </u>	CN D 1. 1.4		

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	V Mike	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	STD	JUSTIN B TURNER	1759 NE JACKSONVILLE ROAD
X Add			OCALA, FL 34470
Remove			
2) Change	STD	LETICIA A LOZADA	1759 NE JACKSONVILLE ROAD
Add			OCALA, FL 34470
X Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

If amending or adding Attach additional sheet.	s, if necessary).	(Be specific)	124(3) 116(6)			
•						
	<del></del>	· -				
				· · · · · · · · · · · · · · · · · · ·		
		<del> </del>				
	· .		<del></del>			
If an amendment prov provisions for implen (if not applicable,	nenting the ame	nange, reclassif indment if not o	ication, or can contained in th	cellation of iss e amendment	ued shares, tself:	
	<del> </del>					
	<del></del>				***	

The date of each amendment(s) add	option: <u>January</u> 7, 2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	oted by the incorporators without shareholder action and shareholder
Dated JANUA	RY 7, 2013
Signature	i C Juna
selected.	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
<u>i</u>	LESLIE C. TURNER, JR.
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)