N19000003853

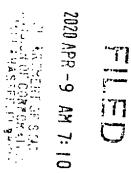
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

FLORIDA FOR TR Name of Corporation:	RANSPARENCY, INC		<u> </u>					
DOCUMENT NUMBER:								
The enclosed Articles of Amendment and fee are sub	omitted for filing.							
Please return all correspondence concerning this mat	ter to the following:							
CHRISTINA PAYLAN, MD								
	(Name of Contact Pe	rson)						
FLORIDA FOR TRANSPARENCY, INC								
<u></u>	(Firm/ Company)						
110 PINELLAS WAY NORTH								
	(Address)							
ST. PETERSBURG, FLORIDA 33710								
	(City/ State and Zip C	Code)	<u> </u>					
drpaylan@bodytuck.com								
E-mail address: (to be use	ed for future annual rep	ort notification	n)					
For further information concerning this matter, pleas	e call:							
CHRISTINA PAYLAN	at _	813	919-6299					
(Name of Contact Person	n)	(Area Code)	(Daytime Telephone Number)					
Enclosed is a check for the following amount made p	payable to the Florida D	epartment of	State:					
\$\sigma\$ \$\s	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee							

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

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N19000003853	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "co	The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	· · · · · · · · · · · · · · · · · · ·
B. Enter new principal office address, if applicable:	110 PINELLAS WAY NORTH
(Principal office address <u>MUST BE A STREET ADD)</u>	RESS) ST. PETERSBURG, FLORIDA 33710
	- 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	PO BOX 66442
	ST. PETE BEACH, FLORIDA 33736
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent:	RISTINA PAYLAN, MD
	PINELLAS WAY NORTH
New Registered Office Address:	(Florida street address)
ST.	PETERSBURG 33710 , Florida
 -	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familial 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>P</u>	JOSHUA STATTON	PO BOX 66442 ST. PETE BEACH, FL 33706
× Remove			
2) Change × Add	<u>P</u>	CHRISTINA PAYLAN, MD	PO BOX 66442 ST. PETE BEACH, FL 33706
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts. if necessary).	cles, enter change(s) here: (Be specific)	

		
		
	<u> </u>	
·——		
		
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The date of each amendment	(s) adoption: FEBRUARY 20, 2020	, if other than the
date this document was signed		
Effective date if applicable:	FEBRUARY 20, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	

adopted by the box	ard of directors.
Dated	February 25, 2020
Signature	(Signal is aboute a byrequest)
((By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOSHUA STATON
	(Typed or printed name of person signing)
	Projectent
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were