P00000069556

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORID

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COVER LETTER

TO: Amendment Section
Division of Corporations

Malling Address
Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Ma	lling Address	Street Address	
\$35 Filing Fee	(1) \$43.75 Filing Fee & Cartificate of Status	[] \$43.75 Filing Fee & Cartified Copy (Additional copy is eaclosed)	C) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	k for the following amount:		
(Nem	e of Contact Person)	(Ages Code & Daytim	e Telephone Number)
Cynthia	Bowers	at (941) 966	2-0499
For further inform	stion concerning this matter,	please call:	
	(Chy/ 8	tate/ and Zip Code)	· · · · · · · · · · · · · · · · · · ·
Sac	asota Florida	3424	ĺ
		(Address)	
\$.			: .
	6685 Taec	la Drive	
,	, ,,,		
-	Cynthia Bou	wers Treasure	e <u>v</u>
Please return all c	orrespondence concerning t	is matter to the following:	
The enclosed Art	iclus of Assendment and the	are submitted for filing.	
DOCUMENT N	UMBER: POOO	00069556	
			EK 2.1.17.
	Mid	rael A. Bow	DLP A

Amendment Section

Division of Corporations 409 E. Gaines Street

Tallahassao, FL 32399



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2006

CYNTHIA BOWERS 6685 TAEDA DRIVE SARASOTA, FL 34241

SUBJECT: MICHAEL A. BOWERS, P.A.

Ref. Number: P00000069556

We have received your document for MICHAEL A. BOWERS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To remove the current registered agent you must name a new agent at the same time.

The document must have original signatures.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Document Specialist

Letter Number: 806A00039216

CONTRACTOR OF STREET

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPORATION: Michael A. B	Sowers, P. A.	· · · · · · · · · · · · · · · · · · ·
DOCUMENT	NUMBER: P00000069556		No. de Contracto d
The enclosed A	Irticles of Amendment and fee a	re submitted for filing.	
Please return al	Il correspondence concerning thi	s matter to the following:	
(Cynthia Bowers		
_	<u> </u>	of Contact Person)	
1	M. C. Bowers Inc.		
	(Fir	m/ Company)	·
6	6685 Taeda Drive		
_		(Address)	
5	Sarasota, Fl. 34241		
_	(City/ St	ate and Zip Code)	
For further info	ermation concerning this matter,	please call:	
Cynthia Bower		at (<u>941</u>) <u>966-0499</u>	
1)	Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a cl	heck for the following amount:		
□\$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 Statu Certified Copy (Additional Copy is enclosed)
Amendr Division P.O. Bo	x Address ment Section n of Corporations x 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

Articles of Amendment Articles of Incorporation of

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.,,	ASSEE,	FIST	175

Michael A. Bowers, P. A.

(Name of corporation as currently filed with the Florida Dept. of S P00000069556 (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: **NEW CORPORATE NAME (if changing):** M. C. Bowers Inc. (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Remove registered agent: Les Gardi, 7061 S. Tamiami Trail, Sarasota, Fl. 34231 New Agent: Cynthia Bowers, 6685 Taeda Drive, Sarasota, Fl. 34241 (Attach additional pages if necessary) If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 6/12/2006		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.	
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):	
"The number of	votes cast for the amendment(s) was/were sufficient for approval by	
	(voting group)	
	was/were adopted by the board of directors without shareholder action on was not required.	
The amendment(s) v shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.	
selecte	irector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
Cynt	(Typed or printed name of person signing)	
Trea	isurer	
	(Title of person signing)	

FILING FEE: \$35