## P01000000349

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	•
(Cit	y/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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NVISION OF CORPORATION

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T. BROWN

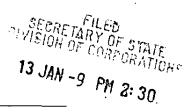
## **COVER LETTER**

TO: Amendment Section

Division of Corp	porations		er Mag	
NAME OF CORPO	RATION: NEWLON S	SERVICES PA		
DOCUMENT NUM	BER: P010000034	9		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	TIMOTHY NEWL	ON		
		Name of Contact Person	1	
	NEWLON + PIEF	RSALL PA		
		Firm/ Company		
	PO BOX 907			
		Address	<del></del>	
	SAN ANTONIO,	FL 33576		
		City/ State and Zip Code	e	
TN				
111	IEWLON@NEWLO	sed for future annual report	notification)	
	E-man address. (to be as	sed for factors annual report	notification;	
For further information	on concerning this matter, pleas	se call:		
TIMOTHY N	EWLON	at (352	588-3844	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	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)	
Ma	niling Address	Street	Address	
Am	nendment Section	Amendment Section		
	vision of Corporations  D. Box 6327		on of Corporations  Building	
	Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## **NEWLON SERVICES, P.A.**

(Name of Compared on a second of the second	dale de File da F			- 0
(Name of Corporation as currently filed w P01000000349	ith the Florida 1	Jept. of State)		
(Document Number of Corpo	oration (if known	<del></del>		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	•		opts the following a	imendment(s) to
A. If amending name, enter the new name of the corpora NEWLON + PIERSALL PA	ation:		7	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A	mpany," or "incorpo professional corpora	rated" or the abb	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		lorida, enter the nam	e of the	
Name of New Registered Agent				
	Florida street addre	ss)		
New Registered Office Address:		, Florida_		·
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		accept the obligations	of the position.	
Signature of New Reg	gistered 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:	, ana bai	ty Smith, Sr us un Auu.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	<del>-</del>		
Add			
Remove			
3 ) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del>-</del>		
Add			
Remove			
6) Change		<del></del>	
Add			
Remove		•	

mach duamonal sheets, y necessary).	ticles, enter change(s) here: (Be specific)
<del></del> .	
	· ·
an amendment provides for an excl	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)	
N/A	

The date of each amendment(s)	) adoption: 1-1-2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 01/0	1/2013
Signature	man
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	TIMOTHY NEWLON
	(Typed or printed name of person signing)
-	PRESIDENT
,	(Title of person signing)