P01000005373

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: STEVEN L. SPAI	RKMAN, P.A.			
DOCUMENT NUM	BER: P01000005373				
	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	STEVEN L. SPARKMAN				
		Name of Contact Pe	erson		
	STEVEN L. SPARKMAN, I	P.A.			
		Firm/ Company	Y		
	3534 DOGWOOD VALLEY TR				
		Address	-		
	TALLAHASSEE, FL 32312	-3614			
		City/ State and Zip	Code		
sls@	sparklaw.com				
	E-mail address: (to be us	sed for future annual re	port notification)		
For further information	on concerning this matter, pleas	se call:			
STEVEN L. SPARK			759-1444 a Code & Daytime Telephone Number		
Name	of Contact Person	Area	Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida I	Department of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		An Div Cli	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle		

Tallahassee, Ft. 32301

Articles of Amendment to Articles of Incorporation of

STEVEN L. SPARKMAN, P.A.

(<u>Name of</u>	Corporation as currer	itly filed with the Florida Dept. of State	<u> </u>		
P01000005373		****			
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporation adopts the	following amendr	ment(s) to	
A. If amending name, enter the new nam	ne of the corporation:		27		
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or	"Co". A professional corporation num		on	
B. Enter new principal office address, if	applicable:	3534 DOGWOOD VALLEY TR			
Principal office address MUST BE A STI		TALLAHASSEE, FL 32312-3614			
			. بر اد		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3534 DOGWOOD VALLEY TR		<u> </u>	
		TALLAHASSEE, FL 32312-3614	-1	m	
). If amending the registered agent and new registered agent and/or the new				- -	
Name of New Registered Agent					
:	3534 DOGWOOD VAL	LEY TR			
	(Florida :	street address)			
			32312-3614		
New Registered Office Address:	ALLAHASSEE	Florida_ (City)		_	

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	<u>PT</u>	John Doe	
X Remove	V	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			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Ađd			
Remove			
6) Change		-	
Add			
Remove			

(Attach	ding or adding additional A additional sheets, if necessary). (Be specific)			
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				•	
Ifanar	nendment provides for an ex	changa raclassifiaa	tion or concellation	a of icewal charge	
provis	ions for implementing the ar	nendment if not con	itained in the amen	dment itself:	
(<i>if</i>	not applicable, indicate N/A)				
/A					
	·	 			
	 .			 ,	
		•			
					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	m
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholde	:r
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
	BER 27, 2017	
Dated	7 1	
Signature A	teven L Sparkman	
(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	t
	STEVEN I., SPARKMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	