## P01000046946

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SECRETARY OF STATE

Amend

11-25-08

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Thomas C	harles Sivertsen, P.A.		
DOCUMENT NU	MBER: <u>P01000046</u>	946		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.		
Please return all con	rrespondence concerning thi	s matter to the following:		
		mas C. Sivertsen	la garage de la constante de l	
	(Name	of Contact Person)		
		mas C. Sivertsen, P.A.	·····	
	(Fir	m/ Company)		
	9448 Discovery Terr. #202			
		(Address)		
		lenton, FL 34212 late and Zip Code)		
For further information	tion concerning this matter,	please call:		
THOMAS C. (Name	of Contact Person)		- 6838 e Telephone Number)	
Enclosed is a check	for the following amount m	ade payable to the Florida De	partment of State:	
<b>√</b> \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	ircle	

Tallahassee, FL 32301

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

of	THE PAR PAR
Thomas Charles Sivertsen, P.A.	
 (Name of Corporation as currently filed with the Florida Dept. of State)	CONTE
P01000046946	
 (Decument Number of Comparation (if known)	

(Document Number of Corporation (if known)

The new name must be distinguishable incorporated" or the abbreviation "Cory". A professional corporation is association," or the abbreviation "P.A."	p., " "Inc.," or Co.,."	or the designatior	"Corp," "Inc," or
3. Enter new principal office address, if Principal office address MUST BE A STI			
C. Enter new mailing address, if application (Mailing address MAY BE A POST OF			
	***		
. If amending the registered agent and new registered agent and/or the new	or registered office ad registered office addre	dress in Florida, ( ss:	enter the name of the
D. If amending the registered agent and new registered agent and/or the new  Name of New Registered Agent:	or registered office ad registered office addre	dress in Florida, o ss:	enter the name of the
new registered agent and/or the new	registered office addre	dress in Florida, oss: street address)	enter the name of the
new registered agent and/or the new name of New Registered Agent:	registered office addre	ss:	enter the name of the

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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
D	MARGARE	TA. Sivarts	BLADENTON	<u>EZY Tee</u> p
<u> </u>	<del></del>			Add Remove
<del></del>	<del> </del>			Add Remove
	ding or adding addition dditional sheets, if neco			
provisio		the amendment if n	assification, or cancella ot contained in the am	

The da	ate of each amendment	(s) adoption: <u>Kov</u> E	nBER 14, 2008	
Effect	ive date <u>if applicable</u> :			
		(no more than 90 days after a	mendment file date)	
Adopt	ion of Amendment(s)	(CHECK ONE)		
		re adopted by the shareholders. are sufficient for approval.	The number of votes cast for the amendment(s)	
			s through voting groups. The following statement to vote separately on the amendment(s):	
	"The number of votes	cast for the amendment(s) was/	were sufficient for approval	
•	by	(voting group)	99	
		(voting group)		
	e amendment(s) was/wet tion was not required.	re adopted by the board of direc	ctors without shareholder action and shareholder	
	e amendment(s) was/wer tion was not required.	re adopted by the incorporators	without shareholder action and shareholder	
	Dated	11/14/28		
	Signature	Thouse	Singlison	
		a director, president or other o	fficer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court				
	appo	ointed fiduciary by that fiducia	ry)	
		Thoma	s C. Sivertsen	
		(Typed or printed	name of person signing)	
			Director	
		(Title of no	Son signing)	