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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Jim and Ali Parish P.A. DOCUMENT NUMBER: P01000102275 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ashley B. Swiderski Name of Contact Person The Mattar Firm P.C. Firm/ Company 27499 Riverview Center Blvd. Suite 245 Address Bonita Springs, Florida 34134 City/ State and Zip Code ashley@themattarfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ashley Swiderski at (239) 222-2222

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **\$43.75** Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

Jim and Ali Parish P A.		
(Name of Corporation as current)	y filed with the Florida Dept. of State)	- ·
P01000102275		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	wing amendment(s
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation." "a "Inc" or Co" or the designation "Corp." "Inc," or "Co" "chartered." "professional association." or the abbreviation "P.A."	company," or "incorporated" or the abbrevi professional corporation name must con	The new ation "Corp.," stain the word
B. Enter new principal office address, if applicable:	7395 Acorn Way	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Naples, Florida 34119	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3
		``
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		2։
Name of New Registered Agent		
(Florida stre	vet address)	
New Registered Office Address:	(City) , Florida (Z	ip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position	n.
Signature of New Re	gistered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (

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	PT Joh	ın Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	Parish Family Trust	7395 Acorn Way
Add			Naples, Florida 34119
Remove		_	
2) <u>X</u> Change	<u> </u>	James A PAR	ISH "
Add		Trustee of Pari	SH FAMILY TRUST
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sary). (Be specific)			
ange of President to their trust na	me : Parish Family Tru	ist dated August 11, i	2020.	
				, <u></u>
				
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	<u> </u>			
				
If an amendment provides for a	<u>in exchange, reclassif</u>	ication, or cancellat	ion of issued shares,	
provisions for implementing th	e amendment if not	contained in the amo	endment itself:	
(if not applicable, indicate \)	(NA)			
			- <u>-</u>	
				-
		<u></u>		

•. •.

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloddocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, that the process of state's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
If The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amend ficient for approval.	ment(s)
	oved by the shareholders through voting groups. The following stack voting group entitled to vote separately on the amendment(s)	
"The number of votes east f	or the amendment(s) was/were sufficient for approval (voting group)	
Dated	1/18/2020 CARRA CARRA I	Paux
(selected.	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	
-	_ James A. Rayish : Allison (Typed or printed name of person signing)	. Parish
-	President and VIII Preside	nt

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