PC3000014530

(Request	or's Name)
(Address	
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(Busines	s Entity Name)
(Docume	ent Number)
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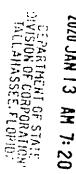
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUSAN MOORE	PA				
	BER: P03000014530					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	itter to the following:				
	SUSAN SAPSFORD					
	Name of Contact Person					
Firm/ Company						
	323 S CENTER ST					
		Address				
	ORMND BEACH, FL 32174	ļ				
		City/ State and Zip Cod	e			
SJM	OORE705@GMAIL.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, plea		. 566-4837			
Name	of Contact Person	at (386- Area Co) de & Daytime Telephone Number			
	or the following amount made					
\$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)			
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

SUSAN MOORE PA

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P03000014530				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new n	ame of the corporation:			
SUSAN SAPSFORD PA		The new		
	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."		
B. Enter new principal office address, if applicable:		323 S CENTER ST		
(Principal office address <u>MUST BE A S</u>		ORMOND BEACH, FL 32174		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		323 S CENTER ST		
` - -		ORMOND BEACH, FL 32174		
D. If amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the ss:		
Name of New Registered Agent	N/A			
	(Florida street address)			
New Registered Office Address:	N/A	Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Ager	nt:		
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.		
•	Signature of New	Registered Agent, if changing		
		₩. 2		

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20 JAN 13 AM 7: 20

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)

Example:

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.

X Change	PT	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	VP	MARTIN SAPSFORD	323 S CENTER ST
Add			ORMOND BEACH. FL 32174
Remove			
2) Change			_
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or (Attach addition	r <mark>adding additional</mark> nal sheets, if necessar	Articles, enter chang y). (Be specific)	<u>re(s) here</u> :		
/A	·····	.,,. (
					
			<u>-</u>	_	<u> </u>
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If an amendme	ent provides for an	exchange, reclassific	ation, or cancellat	ion of issued shares,	
provisions for	implementing the solicable, indicate N/A	amendment if not co	ntained in the ame	endment itself:	
(<i>ŋ nin upp</i> A	are abset, mare are 1972	• •			
					_
		<u> </u>			
					

The date of each amendment(s) adoption:, if oth	ner than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	der
Dated 1 - 9 - 20 20	
Signature Suran Sandy	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a teceiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed inductary by that inductary)	
Dusan Dapstorru	
(Typed or printed name of person signing)	
Page do + Ocator	
(Title of person signing)	