## P3000146100

(Re	equestor's Name)	
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. (Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILED
2009 JUN -4 PH 4: 03
SECRETARY OF STATE

ASR 109

X00789,00524,00671



May 26, 2009

Kimberly S. Benton Kimberly Sue Benton, P.A. 4940 Blackhawk Dr. Jacksonville, FL 32259

SUBJECT: KIMBERLY SUE BENTON, P.A.

Ref. Number: P03000146100

We have received your document for KIMBERLY SUE BENTON, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you used is incorrect. It is for a foreign (out of state) corporation and yours is a domestic (Florida) corporation. I have enclosed the correct form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 909A00017700

Annette Ramsey Regulatory Specialist II

Division of Company in a DO DOV 6207 Mellaharra Planida 20214

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: KIMBERLY Sue Benton, P.A.
DOCUMENT NUMBER: \$\int 03000 146 100
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Name of Contact Person  Warne  CHOUNE  Arendrent  Firm/ Company
4940 Blauk Address
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  When Sub Line at Que, Line Telephone Number  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Scertificate of Status Certified Copy (Additional Copy is enclosed)  Additional Copy is enclosed)  \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 3230 i

## **Articles of Amendment**

Articles	of Incorporation	

to Articles of Incorporation of	FILED
(Name of Corporation as currently filed with the Florida Dept. of State)  P0300146100  (Document Number of Corporation (if known)	2009 JUN -4 PM 4: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> amendment(s) to its Articles of Incorporation:	adopts the following
A. If amending name, enter the new name of the corporation:  A C PON PUBLISHED TOO,  name must be distinguishable and contain the word "corporation," "company," or "incorporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profession name must contain the word "chartered," "professional association," or the abbreviation "P.A."	The new orated" or the nal corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  (A) Characteristics of the street o	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  (White the second of the	<del>0</del>
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	e of the
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
(City) (Zip Code)	<del></del>
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations  Signature of New Registered Agent, if changing	of the position.

	nd title, name, and address of eac	h Officer and/or Director being	added:
uitach adi	ditional sheets, if necessary)		
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Add
	,		<del></del>
	nding or adding additional Article additional sheets, if necessary). (I		
(anach i			
			<u>-</u>
			·
F. <u>Ifan</u> a	amendment provides for an excha	nge, reclassification, or cancella	ntion of issued shares,
	sions for implementing the amend	ment if not contained in the am	endment itself:
(if	not applicable, indicate N/A)		
<del></del> -			······································
<del></del> -			

The date of each amendment(s) adoption:
Effective date if applicable: 5/14/109
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendments by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statem 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) was/were adopted by the board of directors without shareholder action and sharehold action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 5/29/09
Signature
(Typed or printed name of person signing)
President (Title of person signing)