## P04 00000 8810

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: STACY L. SHERM	MAN, P.A.		
	BER: P0400008810			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Stacy L. Haverfield			
		Name of Contact Person	n	
	Stacy L. Haverfield, P.A.			
		Firm/ Company		
	2645 NE 9th Ave., Unit 1			
		Address		
	Cape Coral, FL 33909			
		City/ State and Zip Code	e	
stner	(@stacylshermanpa.com			
<u> </u>	• .	sed for future annual report	notification)	
	is-man address. (to be as	sed for future armular report	nouncation	
For further information	on concerning this matter, pleas	se call:		
Stacy L. Haverfield		239 at (	332-1600	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□S43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle	
		2661 E		

## Articles of Amendment to Articles of Incorporation of

Stacy L. Sherman, P.A.

( <u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State	)
P0400008810			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
Stacy L. Haverfield, P.A.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation name	
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>			<del></del>
		-	201
			: :
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
			<del></del> .
			11
		<u> </u>	9
D. If amending the registered agent ar	nd/or registered office addre	ess in Florida, enter the name of the	9
new registered agent and/or the ne			
Name of New Registered Agent	Stacy L. Haverfield		
	2645 NE 9th Ave., Unit 1		
	(Florida stree	et address)	
New Registered Office Address:	Cape Coral	, Florida_	33909
	(0	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the po	sition
nereny accept the appointment as region	Stace & Ha	vertiels	311071.
	Signalure of New Re	gistered Agent, if changing	

## 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DPST	Stacy L. Sherman	2645 NE 9th Ave., Unit 1
Add			Cape Coral, 33909
X Remove			
2) Change	DPST	Stacy L. Haverfield	2645 NE 9th Ave., Unit 1
X Add			Cape Coral, FL 33909
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) (Be specific)			
		<del></del>	·	<del></del>
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	<del></del>		<del></del>	
	ango reeleccificatio	n, or cancellation of	issued shares,	
lf an amendment provides for an exch	ange, recrassificatio.			
provisions for implementing the amer	ndment if not contai	ned in the amendm	<u>ent itself:</u>	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contai	ned in the amendm	ent itself:	
provisions for implementing the amer	ndment if not contai	ned in the amendm	<u>ent itself:</u>	
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	ndment if not contai	ned in the amendm	ent itself:	
provisions for implementing the ame	ndment if not contai	ned in the amendm	ent itself:	
provisions for implementing the ame	ndment if not contai	ned in the amendm	ent itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 17 man 2019	
Effective date if applicable:	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes ca by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the separately of the separat	
"The number of votes east for the amendment(s) was/were sufficient for appr	oval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated 22 May 2019	
Signature (By a director, president or other officer – if directors or o	Affigure have not been
selected, by an incorporator – if in the hands of a receiver	
appointed fiduciary by that fiduciary)	, <u></u>
Stacy L. Haverfield	
(Typed or printed name of person sign	ing)
President	
(Title of person signing)	