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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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K. WHITE



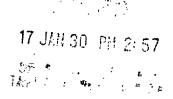
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Jennifer White Sh	oots, P.A.	
DOCUMENT NUMB	D04000070012		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
j	ennifer Shoots		
_	····	Name of Contact Person	1
j	lennifer Shoots, P.A.		
_		Firm/ Company	
<u>.</u>	5945 Ashford Lanc	runu Company	
_		Address	
}	Naples, Florida 34110	1 redies,	
<del>-</del>	tapies, Florida 54110	0, 10 - 111 0 1	
		City/ State and Zip Code	e
jennife	rshoots@johnrwood.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jennifer Shoots		at ( <sup>239</sup>	571-4444
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 massee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Jennifer White Shoots, P.A.

(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P04000068013	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Ftorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:
Jennifer Shoots, P.A.	The * new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	vord "corporation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applical	n/a
(Principal office address <u>MUST BE A STREET A</u>	
C. Enter new mailing address, if applicable:	n/a
(Mailing address <u>MAY BE A POST OFFICE E</u>	BOX)
new registered agent and/or the new registered	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
Name of New Registerea Agem	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	•
New Registered Agent's Signature, if changing R	Registered Agent: t. I am familiar with and accept the obligations of the position.
nerea, accept the appointment as regimered agent	. Tangamina with and accept the bonganons of the position.
Sic	anature of New Registered 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 <math>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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	•	_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
n/a	
	· · ·
<del></del>	<del>.</del>
****	
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. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
n/a	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Sensifer & Shoots	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jennifer Shoots Jennifly Shoots	
(Typed or printed name of person signing)	
President	
(Title of person signing)	