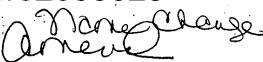
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SECRETARY SET STATE

10/18/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION:	Jennifer Deane, P.A	<b>.</b>	
DOCUMENT N	UMBER:	P04000090537		
The enclosed Art	icles of Amendment and fe	ee are submitted for filing.	:	
Please return all o	correspondence concerning	this matter to the following:	•	
			1	
	***	Brad Congleton	÷	
•	<u> </u>	Name of Contact Person		
	Br	ad Congleton CPA, Inc.		
		Firm/ Company		
	50 L	Jptown Grayton Circle #15	<u>:</u>	
		Address		
	San	ta Rosa Beach, FL 32459	•	
•		City/ State and Zip Code		
	Bra	d@cpaon30a.com		
	E-mail address: (to be	used for future annual report notification)		
For further inform	nation concerning this matt	er, please call:		
	Brad Congleton e of Contact Person	at ( 850 ) 2	231-0599	
Nam	e of Contact Person	Area Code & Daytime Te	elephone Number	
Enclosed is a chec	ck for the following amoun	t made payable to the Florida Depar	rtment of State:	
✓ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A Amendme		Street Address Amendment Section		
	f Corporations	Division of Corporations		
P.O. Box 6	<del>-</del>	Clifton Building	•	
Tallahassee, FL 32314		2661 Executive Center Circ	le` ' ·	
	-	Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation

FILED

<u> </u>	rentry filed with the Fiori	da DeptSolSinfe) RY () IALLAHASSEE.	F STATE EL OPIO
	100000001	<u> </u>	- · routht
(Document Nu	mber of Corporation (if kn	own)	
tursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:		Florida Profit Corporat	ion adopts the following
. If amending name, enter the new name of	of the corporation:	•	
Jen De	ane LaBlanc, P.A.	* * * * * * * * * * * * * * * * * * * *	The new
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro-	ofessional association," or	ic," or "Co". A projes. the abbreviation "P.A.	sional corporation "
<ul> <li>Enter new principal office address, if apprincipal office address MUST BE A STREIT</li> </ul>			<del></del>
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			· .
(Mauing address MAI BE A POST OF FI			
•		in Florida, enter the na	me of the
. If amending the registered agent and/or new registered agent and/or the new reg	registered office address	in Florida, enter the na	me of the
. If amending the registered agent and/or new registered agent and/or the new regi	registered office address	in Florida, enter the na	me of the
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. If amending the registered agent and/or new registered agent and/or the new regi	registered office address		me of the
. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address istered office address:  (Florida street	address), Florida	
. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address istered office address:	address)	
. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address istered office address:  (Florida street  (City)  ing Registered Agent:	address) , Florida (Zip Code)	1

## 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) **Title** Type of Action Address <u>Name</u> ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: _	1/29/10		i	
. · · · ·			on is required)	!	
Effective date if applicable:	(no more than	90 days after amen	dment file date)	:	<del></del>
,	(**************************************	2 0 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	
Adoption of Amendment(s)	<u>(C</u>	HECK ONE)	•	;	
The amendment(s) was/we by the shareholders was/w			e number of vote	s cast for the ame	ndment(s)
The amendment(s) was/we must be separately provide	re approved by ted for each voting	the shareholders thro g group entitled to	ough voting grouvote separately o	ips. The following n the amendment	z statemen (s):
"The number of votes	cast for the ame	ndment(s) was/were	sufficient for ap	proval	
by	ı		.,,		
ennern = ommages, Merry man	(voting group)		•	**** **	
☐ The amendment(s) was/we action was not required. ☐ The amendment(s) was/we action was not required.					
Dated	1/29/10	Dane		II and	
<b>se</b> le	cted, by an incor	dent or other officer porator – if in the h by that fiduciary)			
	JEN	DEANE ped or printed name	LEBL	ANC	
	(Ty	ped or printed name	e of person signi	ng):	
	Pres	ifent			
	(Title o	f person signing)			