# Po400067411

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Marie Chang E Amend



#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORI	OF CORPORATION: Leimbach & Sharma, P.A.				
DOCUMENT NU	NT NUMBER: P04000167411				
The enclosed Artic	cles of Amendment and fee	are submitted for filing.			
Please return all co	orrespondence concerning t	his matter to the following:			
	Ashok A. Sharma  Name of Contact Person				
	Lei	mbach & Sharma, P.A.			
		Firm/ Company			
	7855 Argyle Forest Blvd., Unit 802				
		Address			
	Jacksonville, FL 32244				
		City/ State and Zip Code  Dimmigrationfirm.net			
<del></del>	E-mail address: (to be us	sed for future annual report notification)			
For further informa	ation concerning this matter	r, please call:			
	shok A. Sharma of Contact Person	at ( 904 ) 779-0111  Area Code & Daytime Telephone Number			
		made payable to the Florida Department of State:			
<b>☑</b> \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)			
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

### **Articles of Amendment**

### **Articles of Incorporation**

	Articles of Amendment
• , • •	to Sur
	Articles of Incorporation of
	ach & Sharma, P.A.
(Name of Corporation as cu	Articles of Amendment to Articles of Incorporation of  ach & Sharma, P.A.  urrently filed with the Florida Dept. of State) 04000167411
	0.0000
(Document N	Number of Corporation (if known)
ursuant to the provisions of section 607.1 mendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following n:
. If amending name, enter the new name	e of the corporation:
Sharm	na & Associates, P.A. The new
ame must contain the word "chartered," "	the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A."
- Enter new principal office address if a	
Principal office address MUST BE A STR  Enter new mailing address, if applical	ble:
Principal office address <u>MUST BE A STR</u>	ble:
Principal office address MUST BE A STR  Enter new mailing address, if applical	ble:
Principal office address MUST BE A STR  Enter new mailing address, if applical	ble:
Principal office address MUST BE A STR  Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ble: FFICE BOX)  or registered office address in Florida, enter the name of the
Principal office address MUST BE A STR  Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ble: FFICE BOX)  or registered office address in Florida, enter the name of the
Principal office address MUST BE A STR  Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  If amending the registered agent and/o	ble: FFICE BOX)  or registered office address in Florida, enter the name of the
). If amending the registered agent and/onew registered agent and/on the new recommendation and the new registered agent and/one the new registered agent	ble: FICE BOX)  or registered office address in Florida, enter the name of the egistered office address:  Ashok A. Sharma
Principal office address MUST BE A STR  Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  If amending the registered agent and/onew registered agent and/on the new recommendation.	ble: FFICE BOX)  or registered office address in Florida, enter the name of the egistered office address:
Principal office address MUST BE A STR  . Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  . If amending the registered agent and/or new registered agent and/or the new resistered agent and/or the new resistered Agent:	ble: FICE BOX)  or registered office address in Florida, enter the name of the egistered office address:  Ashok A. Sharma  7855 Argyle Forest Blvd., Unit 802  (Florida street address)
Principal office address MUST BE A STR  Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  If amending the registered agent and/o new registered agent and/or the new remailing the registered Agent:	ble: FICE BOX)  or registered office address in Florida, enter the name of the egistered office address:  Ashok A. Sharma  7855 Argyle Forest Blvd., Unit 802
Principal office address MUST BE A STR  Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  If amending the registered agent and/onew registered agent and/or the new results of New Registered Agent:  New Registered Office Address:	ble: FICE BOX)  or registered office address in Florida, enter the name of the egistered office address:  Ashok A. Sharma  7855 Argyle Forest Blvd., Unit 802  (Florida street address)  Jacksonville  (City)  (Zip Code)
Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  If amending the registered agent and/or new registered agent and/or the new remailing of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:	ble: FICE BOX)  or registered office address in Florida, enter the name of the egistered office address:  Ashok A. Sharma  7855 Argyle Forest Blvd., Unit 802  (Florida street address)  Jacksonville  (City)  (Zip Code)  nging Registered Agent:
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/or new registered agent and/or the new remailing of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:	ble: FICE BOX)  or registered office address in Florida, enter the name of the egistered office address:  Ashok A. Sharma  7855 Argyle Forest Blvd., Unit 802  (Florida street address)  Jacksonville  (City)  (Zip Code)

## 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)

<u>Title</u>	Name	Address	Type of Action
<u>Dir.</u>	Ana R. Leimbach	8290 Gate Pkwy. W. Unit 618 Jacksonville, FL 32216	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach additt Article VI - Th	or adding additional Articles, enter consider the specific on all sheets, if necessary). (Be specific ne initial number of directors of the nay be changed by bylaw adopted	e corporation will be one (1).	
that the num	per of directors will never be less	than one (1).	
	he initial Board of Directors will be range Park, FL 32065	e: Ashok A. Sharma, 3199 St	onebrier
provisions	dment provides for an exchange, recla for implementing the amendment if no pplicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption:	_
(date of adoption is required)  Effective date if applicable:	
(no more than 90 days after amendment file date)	-
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_06/09/2010	
Signature  (By a director, president or other officer – if directors or officers have not beer selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
Ashok A. Sharma	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	