P04000169747

| (Requestor's Name) | |
|---|------|
| | |
| (Address) | |
| | |
| (Address) | |
| , , | |
| (City/State/Zip/Phone #) | |
| (City/State/Zip/Filone #) | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| (Cooumont value) | |
| | |
| Certified Copies Certificates of Status | · |
| | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



400210657984

08/08/11-01003-024 ***43.75

SECRETARY OF STATE OF VISION OF CORPORATION

Amend C.COULLIETTE

AUG 0 8 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ME OF CORPORATION: Michael D. Simpson, P.A. | | | |
|--|---|--|---|--|
| DOCUMENT NU | T NUMBER: P04000169747 | | | |
| The enclosed Artico | les of Amendment and fee a | are submitted for filing. | | |
| Please return all co | rrespondence concerning th | is matter to the following: | | |
| - | | lichael D. Simpson | | |
| | 1 | Name of Contact Person | | |
| - | | Firm/ Company | | |
| - | | P.O. Box 1335 | | |
| | | Address | | |
| - | | ady Lake, FL 32159 City/ State and Zip Code | , | |
| | shannon@s E-mail address: (to be use | shannonbarleypa.com ed for future annual report notification) | | |
| For further informa | tion concerning this matter, | please call: | | |
| | chael Simpson of Contact Person | at (352) 4: Area Code & Daytime Tel | 54-1198 ephone Number | |
| Enclosed is a check | for the following amount n | nade payable to the Florida Depar | tment of State: | |
| S35 Filing Fee | | ☐ \$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 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301 | le | |

Articles of Amendment to Articles of Incorporation of

| | D. Simpson, P.A. | | |
|---|-----------------------------|--------------------------------------|-------------------------|
| (Name of Corporation as curre | ently filed with the Florid | la Dept. of State) | |
| · · · · · · · · · · · · · · · · · · · | 000169747 | | |
| (Document Num | nber of Corporation (if kno | own) | |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this F | <i>llorida Profit Corporation</i> ad | opts the following |
| A. If amending name, enter the new name of | f the corporation: | | |
| | | | The new |
| name must be distinguishable and contain a abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | designation "Corp," "In- | c," or "Co". A professional | ted" or the corporation |
| B. Enter new principal office address, if app | licable: | | |
| (Principal office address <u>MUST BE A STREE</u> | | | |
| | | | |
| | | | ``` ` `` |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | | TAUG -8 AN OF EL |
| | | | _ 3 399 |
| If amending the registered agent and/or r new registered agent and/or the new registered. | | n Florida, enter the name of | the SP ROS |
| new registered agent and/or the new regis | stered office address. | | 7 |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street | address) | |
| | | . Florida | |
| | (City) | (Zip Code) | |
| Now Degistered Agent's Signature if changing | na Dogistored Agents | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a | | and accept the obligations of t | he position. |
| <u> </u> | - • | | |
| 2 | ignature of New Registere | d 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|--|---|------------------------------|
| <u>VP</u> | Heather O'Rourke Simpson | 108 Brookstone Lane Fruitland Park, FL 34731 | |
| | | | |
| | | | |
| (attach d | nding or adding additional Articles, enter additional sheets, if necessary). (Be spec It: Addition of Shareholder: | | |
| Heather | O'Rourke Simpson, Vice President | | |
| 108 Broc | okstone Lane; Fruitland Park, FL 34 | 731 | |
| | | | |
| <u>provis</u> | mendment provides for an exchange, re- ions for implementing the amendment if not applicable, indicate N/A) | classification, or cancellation of not contained in the amendmen | issued shares, it itself: |
| | | | |
| | | | |
| | | | |

| The date of each amendment | t(s) adoption: 811 2011 |
|--|--|
| Effective date if applicable: | 8 1 2011 (no more than 90 days after amendment file date) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement of 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/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated X | 8/3/11 |
| Signature X | a director, president or other officer - if directors or officers have not been |
| sele | ected, by an incorporator—if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | Michael D. Simpson |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |