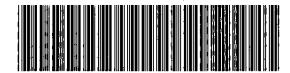
(R€	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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10/18/11

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>5HARO</u>	N LINDEMANN, P.A.	·
DOCUMENT NUMBER: P0500002	203	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
SHARON TOO	ZKET  Name of Contact Person	
SHARON TOC	KET, P.A. Firm/ Company	
2728 GARDEN	DR. NorfH, # 111 Address	
LAKE WORTH, F	L 3346/ City/ State and Zip Code	· .
SHARON TOCKET @ E-mail address: (to be use	Com CasT. NET ed for future annual report notification)	<del></del>
For further information concerning this matter,	, please call:	
SHARON TOCKET  Name of Contact Person	at (56/ ) 252-729 Area Code & Daytime Telep	94 ohone Number
Enclosed is a check for the following amount r	nade payable to the Florida Departn	nent of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 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 Circle	

Tallahassee, FL 32301

### **Articles of Amendment**

# to Articles of Incorporation of

FILE	D.
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SHARON LINDE	0- 0-11-19	D A			11.
SHARON LINDE  (Name of Corporation as curren	itly filed with	the Florida	Dept 28t St	ete)	14
Para	7 7		050	RETARY OF ST AHASSEE, FLO	ATE IRID/
<u> </u>		tion (if know	n) TALL	AHASSEL, FEL	,,((10)
			Ę,	-	
ursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statu	tes, this <i>Floi</i>	rida Profit (	Corporation ad	lopts the following
. If amending name, enter the new name of	the corporatio	on:			
SHARON TOCKET, P.	A				The new
ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "professions"	ne word "corp designation "C	orp," "Inc,"	or "Co".	A professional	
. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>			····		_
			····		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u> )			DR. NORT	
		# ///	. 1 - 0	FL 3346/	<u> </u>
		LAKE	WORTH,	FL 33461	<del></del>
. If amending the registered agent and/or re	gistered office	address in	Florida, ent	ter the name of	<u>the</u>
new registered agent and/or the new regist	ered office ad	<u>dress:</u>			
Name of New Registered Agent:				_	
New Registered Office Address:	(Flor	ida street add	dress)	<del></del>	
				, Florida	
	(City)	)	(Zi	p Code)	
ew Registered Agent's Signature, if changing	g Registered A	\gent•			
hereby accept the appointment as registered ag			d accept the	obligations of t	he position.
Sic	enature of New	Registered /	Agent. if cha	nging	

## 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
PRES,	SHARON TOCKET	2728 GARDEN DR. Nb. # 111 LAKE WORTH, FL 33461	⊠ Add □ Remove
			Add Remove
	lditional sheets, if necessary). (Be spec		
	,		
	nendment provides for an exchange, re		
	ns for implementing the amendment in the applicable, indicate N/A)	i not contained in the amendment i	tsen:

The date of each amendme	nt(s) adoption: _ /0 - //- 20 //
•	nt(s) adoption: 10-11-2011 (date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
, ,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated/	0-11-1/
Signature	Sharon Tacket  by a director, president or other officer – if directors or officers have not been
(B	y a director, president or other officer – if directors or officers have not been
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court
ap	pointed fiduciary by that fiduciary)
	SHARON TOCKET
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
	( · ine or person signing)