P05000025809

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COVER LETTER

TO: Amendment Section Division of Corporations GARY LEON BAXLEY, PA NAME OF CORPORATION: P05000025809 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAREN B. BAXLEY Name of Contact Person KAREN B. BAXLEY, P.A. Firm/ Company 1225 N. CARNEVALE TERRACE Address LECANTO, FL 34461 City/ State and Zip Code GARY.BAXLEY@ERA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 212-3937

Area Code & Daytime Telephone Number KAREN B. BAXLEY Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 An	ienament	三 豆熟 雷 一戰
to		Established the state of
Articles of Inco	rporation	- 英男 P3 新。
•		
GARY LEON BAXLEY, P.A.		The party
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	55 5
P05000025809		en en
(Document Number of Corporation (it	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
KAREN B. BAXLEY, P.A.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation	d" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
·		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
	·	
		
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of	the
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
	•	
(Florida stre	et address)	
New Projection J. Office, 4, 1,1	171	
New Registered Office Address: (City)	, Florida 	(Zip Code)
,	ľ	1 A

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P,S,T	KAREN B. BAXLEY	1225 N. CARNEVALE TER
Add			LECANTO FL 34461
Remove			
2) Change	<u>D</u>	GARY LEON BAXLEY	1225 N. CARNEVALE TER
Add			LECANTO FL 34461
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			- <u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	
	,-,,- ,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment risear.
	······································

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
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 adopty the shareholders was/were sufficiently the shareholders was/were sufficiently the shareholders was/were sufficiently the shareholders was/were sufficiently the shareholders was/were adoptions and the shareholders was/were sufficiently and the shareholders was sufficiently and shareholders was suff	pted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
DatedFa	16-15	
Signature	eb 16-15 ua Browley	
(By à di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	KAREN B. BAXLEY	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	