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COVER LÉTTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: HANOVER, P.A.		<u> </u>	
DOCUMENT I	NUMBER: P05000042003			
The enclosed A	rticles of Amendment and fee are	submitted for filing.		
Please return all	correspondence concerning this	matter to the following:		
C	ARL HANOVER		er years	
_	(Name of	Contact Person)	**	
C	ARL HANOVER, P.A.	an ang atau sa	y system	
	(Firm/ Company)			
2	03 MUIRFIELD CIRCLE			
	(4	Address)	•	
N.	APLES, FL 34113			
	(City/ State	te/ and Zip Code)		
For further info	rmation concerning this matter, p	lease call:		
CARL HANOVE	R	at (239) 595-7523	3	
(Name of Contact Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a cl	neck for the following amount:			
□ \$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	Street Address Amendment Sect Division of Corp. 409 E. Gaines Str	orations	

Tallahassee, FL 32314

Tallahassee, FL 32399

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HANOVER, F	P.A
DOCUMENT NUMBER: P05000042003	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
CARL HANOVER	
(Nam	ne of Contact Person)
CARL HANOVER, P.A.	
_ m :	Firm/Company)
ENAPLES, FL 34113	(Address) / State/ and Zip Code)
For further information concerning this matte	er, please call:
CARL HANOVER	at (239) 595-7523
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	t:
□ \$35 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee 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 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

FILED
05 APR -4 PM 3: 4:3

HANOVER, P.A. (Name of corporation as currently filed with the Florida Dept of State) P05000042003 (Document number of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): CARL HANOVER, P.A. (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) NAME CHANGE ONLY (Attach additional pages if necessary) If an amendment provides for 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) N/A

(continued)

The date of each amendme	ent(s) adoption: 3/22/05
Effective date if applicable	3/22/05
	(no more than 90 days after amendment file date)
Adoption of Amendment(s	(CHECK ONE)
	s) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	s) was/were approved by the shareholders through voting groups. The ent must be separately provided for each voting group entitled to vote amendment(s):
"The number	of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	s) was/were adopted by the board of directors without shareholder action action was not required.
	(s) was/were adopted by the incorporators without shareholder action and on was not required.
Signed this 32 100 day of	of MARCH 2005
Signature	Cart Care of C
se	elected, by an incorporator - if in the hands of a receiver, trustee, or other court epointed fiduciary by that fiduciary)
c	ARL HANOVER
·	(Typed or printed name of person signing)
P	RESIDENT
_	(Title of person signing)

FILING FEE: \$35