## P05000043802

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HAME Change 04/19/13

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

	Susan Brad	lev PA	
	D05000042001		· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBE	R: 1 03000043002	-	
The enclosed Articles of	Amendment and fee are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matt	er to the following:	
E	Barbara Susan Br	adley	
		Name of Contact Person	n
\$	Susan Bradley PA	١	
_		Firm/ Company	
3	323 Rio Grande		
_		Address	
E	Edgewater, Fl 32	141	
<del></del>		City/ State and Zip Cod	e
SUSA	nbradley@cfl.rr.d	com	
	E-mail address: (to be use		notification)
For further information of	concerning this matter, please	call:	
Susan Bradley	/	<sub>at (</sub> 386	847-0600
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made pa	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address	
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
		Tallahassee, FL 32301	

## **Articles of Amendment** to Articles of Incorporation



Susan Bradley, PA

(Name of Corporation as currently filed with the Florida Dept. of State)

## P05000043802

nt(s) to

(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo	rida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment
A. <u>If amending name, enter the new name of the</u> Barbara Susan Bradley PA	corporation:	The new
name must be distinguishable and contain the was "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A profession	" "incorporated" or the abbreviation
B. Enter new principal office address, if applicate of the control		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	
D. If amending the registered agent and/or reginew registered agent and/or the new register		er the name of the
Name of New Registered Agent		<del></del>
	(Florida street address)	<del></del>
New Registered Office Address:	(Cin.)	, Florida
	(City)	Zip Code)
New Registered Agent's Signature, if changing Is the language of the appointment as registered agen		obligations of the position.
Signature of	New Registered Agent if changing	

The date of each amendment(s) adoption: 4[5/2013
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 4/5/2013
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Barbara Susan Bradley
(Typed or printed name of person signing)
President
(Title of person signing)

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