## P05000137940

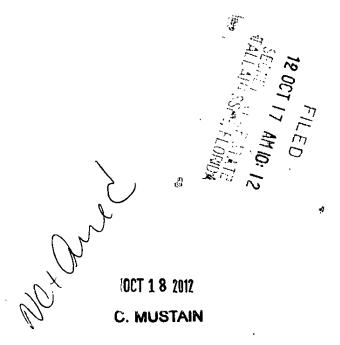
(Requestor's Name)
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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

	IANIET EAT	V CADEV D A			
NAME OF CORPOR	u	Y CAREY, P.A.			
DOCUMENT NUME	BER: P0500013794	<u>:0</u>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	N. Jane Puckett 8	ΞÄ	•		
		Name of Contact Person			
	East Washington	Accounting Serv	rices, Inc.		
	,	Firm/ Company			
	PO Box 1006				
		Address			
	Pierson, FL 3218	30			
	•	City/ State and Zip Code			
me	dickj@bellsouth.n	of			
1110		ed for future annual report n	otification)		
•		ou for future united report in			
For further information	concerning this matter, pleas	se call:			
N Jane Puck	ett	at ( 386	749-9010		
Name of Contact Person		Area Code	& Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depart	ment 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)		
	ing Address	Street Address			
	ndment Section		ent Section		
	sion of Corporations Box 6327		of Corporations		
	BOX 0327	Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	s currently filed with the Florid	a Dept. of State)		
P05000137940				
. (Docume	nt Number of Corporation (if kno	wn)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flori</i>	da Profit Corporation	adopts the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:			
JANET FAY TINGA, P.A			TY	he new
name must be distinguishable and con			porated" or the abbr	eviation
"Corp.," "Inc.," or Co.," or the designword "chartered," "professional associa	nation "Corp," "Inc," or "Co". ition." or the abbreviation "P.A.'	A professional corpo ,	oration name must con	tain the S
	•		<u> </u>	<b>**</b>
B. Enter new principal office address, (Principal office address MUST BE A S				8
(17 mespa. v)jice adaress <u>meest barre</u>				~ ~
				7
				TLED 7 MIL
C. Enter new mailing address, if appli			83	<b>.</b>
(Mailing address MAY BE A POST	<u>UFFICE BOX</u> )			Na
	· , —		j.	•
	•			
<u> </u>				
D. If amending the registered agent an new registered agent and/or the new		i Florida, enter the ni	me of the	
Name of New Registered Agent	Janet Fay Tinga			2
Name of New Registered Agent	4800 S Westshore	Rlvd 919	_	
	(Florida street ad			
	•		33622	
New Registered Office Address:	Tampa (City)	, Florid	33622 (Zip Code)	
•	(City)		(Zip Code)	
·		·		
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	ered agent. I am familiar with a	• =	ons of the position.	
/	Sanut Fay Tinga gnature of New Registered Agent,	_		
Sign	gnature of New Registered Agent,	if changing	<del>-</del>	

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 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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	ones	·		
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) X Change	DPS	T	Janet Fay	Tinga	4	4800 S Westshore Blvd 818
Add					_	Tampa, FL 33611
Remove		•				
2) Change					_	
Add		_			-	
Remove					-	·
3) Change		_		· · · · · · · · · · · · · · · · · · ·		•
Add					-	
Remove					-	
4) Change		_				
Add						
Remove					_	
5) Change		<u> </u>			_	
Add					_	
Remove					_	
Change						
6) Change		_			-	
Add						
Remove						

attach additional sheets, if ned	cessary). (Be specij	îc)			
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an amendment provides for rovisions for implementing	r an exchange, recla	ssification, or o	cancellation o	of issued shares,	
(if not applicable, indicate	<u>the amendment if n</u> e N/A)	ot contained in	i the amendn	ient itseit:	
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The date of each amendment(s) adoption: OCIODEI 1, 2012
Effective date if applicable: Immediately
(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)
(voling 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 10 -12 - 12
Signature Jant Fay Tinga  (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)
Janet Fay Tinga
(Typed or printed name of person signing)
DPST
(Title of person signing)