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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>DAVID REYES P</u>	A. OF CENTRAL FLORI	DA
DOCUMENT NUMBER: P05000153524		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
DAVID REYES		
	ame of Contact Person	
	Firm/ Company	
PO BOX 162		
·	Address	
LAKE HAMILTON, FL 33851		
Ci	ty/ State and Zip Code	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
David Reyes	at (<u>863</u>	
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
☑ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tollabasses, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building

Tallahassee, FL 32301



December 14, 2011

DAVID REYES P.O. BOX 162 LAKE HAMILTON, FL 33851

SUBJECT: DAVID REYES P. A. OF CENTRAL FLORIDA

Ref. Number: P05000153524

We have received your document for DAVID REYES P. A. OF CENTRAL FLORIDA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL THE PAGES OF THE AMENDMENT WAS NOT INCLUDED.

THE AMENDMENT MUST BE SUBMITTED IN ITS ENTIRETY.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 611A00027901

Articles of Amendment to Articles of Incorporation of

DAVID REYES P.A. OF CENTRAL FLORIDA	 .		
(Name of Corporation as currently	y filed with the FI	orida Dept. of Stat	<u>(e</u>)
P05000153524			
(Document Number	of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Furnendment(s) to its Articles of Incorporation:	Florida Statutes, th	nis <i>Florida Profit</i> (Corporation adopts the follo
A. If amending name, enter the new name of the	e corporation:		•
DAVID REYES P.A.			
The new name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the destance must contain the word "chartered," "profess	signation "Corp,"	"Inc," or "Co". A	professional corporation
3. Enter new principal office address, if applica	ble:		
Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	BOX)		
). If amending the registered agent and/or regis			r the name of the
new registered agent and/or the new registere	ed office address:		
Name of New Registered Agent:			<u></u>
	(Florida stree	et address)	
New Registered Office Address:			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent		ith and accent the o	hligations of the position
ner coy accept the appointment as registered agent	. z um jumutur W	unu uccepi ine o	onganom of the position.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Address Title(s) Name 1)____ If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Title(s) <u>Name</u> <u>Name</u> 1)____ 2)____ 3)____

If amending or adding additional , attach additional sheets, if necessary	y). (Be specific)			
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F.	If an amendment provides for an 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)
Гhе	date of each amendment(s) adoption: 12/12/11
SH	ctive date <u>if applicable</u> : (no more than 90 days after amendment file date)
	(CHECK ONE)
lac	option 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
	hv "
	by" (voting group)
⊡ 7	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 12/12/11
	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)
	. DAVID REYES
	(Typed or printed name of person signing)
	DIDECTOR
	DIRECTOR (Title of person signing)
	CLINE OF DEIMIN MARINA