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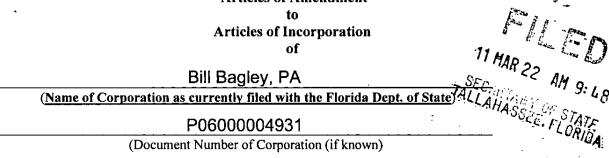
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	Bill Bagley, PA				
DOCUMENT NU	JMBER:	P06000004931				
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.				
Please return all co	orrespondence concerning th	is matter to the following:				
	William R. Bagley, Sr.  Name of Contact Person					
		tune of Comact Person				
	William I	Raymond Bagley, Sr., PA Firm/ Company	<del> </del>			
	Time Company					
	520 N Semoran Blvd. Ste 222					
Address						
	Orlando, FL 32807					
		City/ State and Zip Code				
	bill E-mail address: (to be use	@dunhill.net Id for future annual report notification)				
For further inform	ation concerning this matter,	please call:				
	Villiam R. Bagley		2-4000			
Name	e of Contact Person	Area Code & Daytime Tele	phone Number			
Enclosed is a chec	k for the following amount n	nade payable to the Florida Departi	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)			
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 Amendment**



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	mond Bagley, Sr., PA.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r		lorida, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		accept the obligations of the position.

## 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)

<u>Tit</u>	<u>le</u>	<u>Name</u>	Address	Type of Action
	<u>.</u> _			☐ Add ☐ Remove
	<u></u>			☐ Add ☐ Remove
				☐ Add ☐ Remove
	allach addil	ional sheets, if necessary). (Be specific		
			•	
<del></del>				
F.	provisions	dment provides for an exchange, recla for implementing the amendment if no		
	(if not a	pplicable, indicate N/A)		
				, <u>, , , , , , , , , , , , , , , , , , </u>
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