P06000006198

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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	RATION: TONI CAMPBEL	L, P.A.				
DOCUMENT NUM	POSOOOOSTOV					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	JEFF KAPLAN					
		Name of Contact Person	1			
	KAPLAN LAW FIRM, P.L.					
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company				
	130 REMINGTON DRIVE, SUITE 1000					
		Address				
	OVIEDO, FL 32765					
	City/ State and Zip Code					
	JKAPLAN@KAPLANLAW	FIRM.US				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea	co coll-				
TOT THE WHO I HOUSE	r concerning this matter, prea-	se can,				
JEFF KAPLAN		at (407	706-6700			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fce & 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TONI CAMPBELL, P.A.	
(Name of Corporation as current	v filed with the Florida Dept. of State)
P0600006198	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TONI L. CAMPBELL, P.A.	The new
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>i</u>
Name of New Registered Agent	
(Florida str	eet address)
	·
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
Signature of New Ro	egistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	PTSD	_	TONI L. CAMPBELL	6696 VISTA PARK BLVD.
Add				ORLANDO, FL 32829
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
	_	_		
Add				
Remove				

. If amending or adding addition	al Articles, enter change(s	s) here:		
(Attach additional sheets, if neces	sary). (Be specific)			
				
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	<u> </u>			
				
	و معال			
If an amendment provides for a provisions for implementing the	n exchange, reclassification and controls	on, or cancellation of issi- sined in the amendment	ued shares, itself:	
(if not applicable, indicate?	VA)		H.S.C.II.	
			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sl	hareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	ne amendment(s)
	approved by the shareholders through voting groups. The for for each voting group entitled to vote separately on the amen	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
	RY 21, 2022	
	director, president or other officer – if directors or officers etcd, by an incorporator – if in the hands of a receiver, trusted	
	inted fiduciary by that fiduciary)	c, or other court
	TONI L. CAMPBELL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	