## P06000110114

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: KARLA GOODM	AN, P.A.			
DOCUMENT NUM	P06000110114				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Karla Goodman				
		Name of Contact Perso	n		
	Karla Goodinan. P.A.				
		Firm/ Company			
	77 Ocean Oaks Lane				
		Address			
	Palm Coast, Florida 32137				
		City/ State and Zip Cod	c		
karla	.goodman@floridamoves.com				
	•	sed for future annual report	notification)		
	E man address, (to be as	ve tot talare amiaar report	,		
For further information	n concerning this matter, pleas	se call:			
Karla Goodman		386 at (	) 931-2321 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations a Building Executive Center Circle assec, FL 32301		

## Articles of Amendment to Articles of Incorporation of

(Name of Con	rporation as currently filed with the Florida Dept. of State)	基
KARLA GOODMAN, P.A.		72
	(Document Number of Corporation (if known)	1,
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	g amendme
A. If amending name, enter the new name o	f the corporation:	
ALLEN AND KARLA GOODMAN, P.A.		_The new
	he word "corporation," "company," or "incorporated" or the at "Corp," "Inc," or "Co". A professional corporation name must of or the abbreviation "P.A."	– bbreviation
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 OFFI		
D. If amending the registered agent and/or to new registered agent and/or the new regi	registered office address in Florida, enter the name of the stered office address:	
Name of New Registered Agent		-
		_
	(Florida street address)	
New Registered Office Address:	Florida	
	(Ciṇ) (Zip (	Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered to	ng Registered Agent: Igent. I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing	-

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 Doe	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	Allen Goodman	77 Ocean Oaks Lane
X Add			Palm Coast
Remove			Florida 32137
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If.	amending or adding additional Articles, enter change(s) here:
(A	ttach additional sheets, if necessary). (Be specific)
_	
	the state of the s
11	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:
_	(if not applicable, indicate N/A)
	· ·
-	,

	2/15/17	7	
The date of each amendment(s)	idoption:		, if other than the
date this document was signed.	2115		
Effective date if applicable:	5/17		
TARRAMANT	(no	o more than 90 days after amend	ment file date)
Note: If the date inserted in this document's effective date on the E			ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK	K ONE)	
The amendment(s) was/were as by the shareholders was/were	lopted by the share sufficient for appro	cholders. The number of votes coval.	ast for the amendment(s)
☐ The amendment(s) was/were apmust be separately provided for	proved by the share reach voting grou	areholders through voting groups, up entitled to vote separately on	. The following statement the amendment(s):
		ent(s) was/were sufficient for app	roval
by			<u></u>
, <u> </u>	(voting g	group)	<del></del> -
☐ The amendment(s) was/were action was not required. ☐ The amendment(s) was/were action was not required.	·		
2/15/17 Dated			
Signatur <del>e</del>			
(By a select		t or other officer – if directors or rator – if in the hands of a receive that fiduciary)	
	Karla Goodman	1	
	(Турс	ed or printed name of person sign	ning)
	President	Kala Dockman	
		(Title of person signing)	· · · · · · · · · · · · · · · · · · ·