P08000076810

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JAN 0 8 2019 C. MCNAIR

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Philip J. Schipani, P.A. DOCUMENT NUMBER: P08000076810 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Philip J. Schipani Name of Contact Person Philip J. Schipani, P.A. (to be amended by this document, Schipani & Norman, P.A.) Firm/ Company 1605 Main Street, Suite 608 Address Sarasota, FL 34236 City/ State and Zip Code phil@manasotalawyer.com; amanda@manasotalawyer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Philip J. Schipani Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Philip J. Schipani, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000076810	- Corporation as Curren	ay mea with the Figure 17	CIA: 01 State)	
· · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607. s Articles of Incorporation;	1006, Florida Statutes, thi	s Florida Profit Corporation	a adopts the following amendm	ent(
. If amending name, enter the new na	me of the corporation:			
chipani & Norman, P.A.			The nev	
me must be distinguishable and com Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	orporated" or the abbreviatio	n
Enter new principal office address,	if applicable:	1605 Main Street		
rincipal office address MUST BE A S		Suite 1110		
		Sarasota, FL 34236		
. If amending the registered agent an new registered agent and/or the new			name of the	
Name of New Registered Agent				
	N/A			
		treet address)	N!/ A	
New Registered Office Address:		(Circ)	, Florida	
New Registered Office Address:	N/A	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if cl hereby accept the appointment as regist			ions of the position.	
		Registered Agent, if changir		

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: XChange	<u>PT</u>	John Doe			
\underline{X} Remove	\underline{V}	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	Colleen Norman	1605 Main Street		
N Add			Suite 608		
Remove			Sarasota, Fl. 34236		
2) Change	N/A	N/A	N/A		
Add					
Remove					
3) Change	N/A	N/A	N/A		
Add					
Remove					
4) Change	N/A	N/A	N/A		
Add					
Remove					
5) Change	N/A	N/A	N/A		
Add					
Remove					
6) Change	N/A	N/A	N/A		
Add					
Remove					

(Attach <i>addit</i>	or adding additional attional attional sheets, if necessar	y), (Be specific)	<u>ectal nerv</u> .		
N/A					
		<u> </u>			
MTT.					
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			·····		· · · · · · · · · · · · · · · · · · ·
C 16	langus mandidan Caman			: e:	
provisions	lment provides for an e for implementing the a	mendment if not co	ntained in the amo	endment itself:	2
•	applicable, indicate N/A				
Ten shares of w	which, 9 shares to Preside	ent Philip J. Schipani ————	and I share to VP	Colleen Norman	
 -					
		 		<u> </u>	
·	<u> </u>				

	12/21/2018	ic a a a
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	Effective date for name change 12/21/2018; Effective date for address change 01.	/09/2019
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by N/A	<u>"</u>	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
	3y a director, president or other officer – if directors or officers have not been elected by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Philip J. Schipani	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	