## D0800088/84

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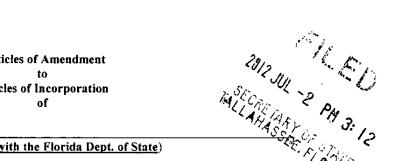
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: HALEY & JI	HONES, P.A.	
DOCUMENT NUMBER:	DOOOOOQ	.84	
The enclosed Articles of Art	nendment and fee are su	omitted for filing.	
Please return all correspond	ence concerning this mat	ter to the following:	
	ד ה הודה הכל		
<u></u>	J.T. HALEY, ES	Name of Contact Person	<u> </u>
	HALEY & JHONES		
	HALEI & UNONES		
		Firm/ Company	•
	1500 SAN REMO	AVENUE, SUITE 222	
		Address	
	CORAL GABLES, I		
		City/ State and Zip Code	2
•	jthaley¶hsaale	gal.com	
<del></del>	E-mail address: (to be us	ed for future annual report	notification)
For further information con-	cerning this matter, pleas	e call:	
J.T. HALEY		at ( 305	661-4637
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	artment of State:
S \$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		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle
		. Tallaha	issee, FL 32301

## Articles of Amendment Articles of Incorporation



	7.507
(Name of Corporation as currently filed with the	Florida Dept. of State)
P08000088184	( \OD)
(Document Number of Corporation	(if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
HALEY & JHONES, P.A.	The new
ame must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviàtion	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	1500 SAN REMO AVENUE, SUITE 222
Principal office address <u>MUST BE A STREET ADDRESS</u> )	CORAL GABLES, FL 33146
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent N/A	<del></del>
(Florida s	street address)
New Registered Office Address:	, Florida

f amending or addin attach additional shee	ets, if necessary).	(Be specific)			
•		· N/A			<del></del>
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an amendment provisions for impler (if not applicable,	vides for an excha menting the amen , indicate N/A)	nge, reclassification dment if not conta	on, or cancellat ined in the ame	ion of issued share indment itself:	<u>s,</u>
			<del>-</del>		<u> </u>
			· <u></u>		
				· ·	
	· <b>-</b>	· · · · · · · · · · · · · · · · · · ·			

he date of each amendment(s) adoption: 6/1919		
Effective date <u>if applicab</u>		
	(no more than 90 days after amendment file date)	
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )	
	/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of v	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required  The amendment(s) was action was not required	/were adopted by the incorporators without shareholder action and shareholder	
Dated		
Signatur		
	(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)	
	J.T. HALEY	
	(Typed or printed name of person signing)  (Title of person signing)	