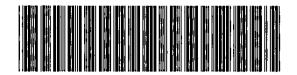
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Bartlett Moore, P.A.						
DOCUMENT NUMBER: P09000019900						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Baron Bartlett						
Name of Contact Person						
Baron Bartlett, P.A.						
Firm/ Company						
230 Canal Blvd., Suite 4						
Address Donate Modus Booch El 20000						
Ponte Vedra Beach, FL 32082						
City/ State and Zip Code						
bbartlett@pvrelaw.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Nancy Buchanan <u>at (904</u>) 285-9993						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)						
Mailing Address Street Address						
Amendment Section Amendment Section Division of Corporations Division of Corporations						

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Baπleπ Moore, P.A.					
(Name of Corporation as currently	filed with the Flo	rida Dept, of Stat	<u>e</u>)		
P09000019900					
(Document Number of	of Corporation (if)	known)			
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this F	lorida Profit Corpo	oration adopts	the followi	ing amendment(s) to
A. If amending name, enter the new name of the	corporation:				
Baron Bartlett, P.A.					The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "C	o". A professiona			abbreviation
B. Enter new principal office address, if applicab	le:				
(Principal office address <u>MUST BE A STREET AD</u>					_
					<u></u>
					_
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u>OX</u>)				
					_
			<u> </u>		
D. If amending the registered agent and/or registe	ered office addre	ss in Florida, anta	r the name of	the	
new registered agent and/or the new registered		ss in Plorida, ente	the name of	the	
Name of New Registered Agent					
					<u>.</u>
	(Florida stree	t address)			1 15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
New Registered Office Address:			, Florida		第 经
	(City)			Zip Code)	72
					- Pe 122 ^년
New Registered Agent's Signature, if changing Re	ogistered Agent.				PR 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
I hereby accept the appointment as registered agent.		th and accept the o	bligations of t	he position.	
Signature of N	Vew Registered Ag	ent, 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>enes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: March 17, 2014	, if other than the
date this document was signed.	
Effective date if applicable: March 17, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Baron Bartlett "	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Day	
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)	
Baron Bartlett	
(Typed or printed name of person signing)	
President	
(Title of person signing)	