PD9000046521

(Re	equestor's Name)	
(Ac	ddress)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ____

P09000046521 **DOCUMENT NUMBER:**

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN R. HARGROVE

Name of Contact Person

JOHN R. HARGOVE, P.A.

Firm/ Company

338 ROYAL PALM WAY

Address

BOCA RATON, FL 33432

City/ State and Zip Code

JRH@HARGROVELAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD D. PERCIC

Name of Contact Person

at (561) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 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

Street Address Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

JOHN R. HARGROVE, P.A.

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

P09000046521

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable;	338 ROYAL PALM WAY	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BOCA RATON, FL 33432	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	338 ROYAL PALM WAY	

BOCA RATON, FL 33432

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent		
	338 ROYAL PALM WAY	
	(Florida street address)	
New Registered Office Address:	BOCA RATON	Florida 33432
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

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)

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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 afficer/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	¥	Mike Jones	
<u>_X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)

Page 3 of 4

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Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	$\frac{2 \cdot 11 \cdot 15}{2}$
Signature	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	JOHN R. HARGROVE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

The date of each amendment(s) adoption: ______, if other than the date this document was signed.

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