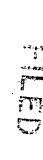


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03/18/10--01019--002 **35.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2010

JOSEPH ALEXANDER JOSEPH WERNER, P.A. 138 PALM COAST PARKWAY, NE., SUITE 239 PALM COAST, FL 32137

SUBJECT: JOSEPH WERNER PA Ref. Number: P10000015325

We have received your document for JOSEPH WERNER PA and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific business purpose of the professional association must be stated in the document. SAMA AS σN THE ARTICLES OF

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000101931 - JOSEPH ALEXANDER CORP...

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 110A00006892

my name is now Jose MI Acexpublic

COVER LETTER

TO: Amendment Section	• • •
Division of Corporations	
	4 WERNER P.A.
DOCUMENT NUMBER: P 1 0000	10 15 325
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
	Contact Person
JOSEPH WE	RNER P.A.
138 PACM C	OAST PKWY NE SUITE 237
PALM COAST	FL 32137
·	•
ALCX DCLAW D E-mail address: (to be used for futi	YAHOO. COM
E-mail address: (to be used for fuff	ure annual report notification)
For further information concerning this matter, please	call:
JOSEPH ALEXANDER a	1202 1 215 1623
Name of Contact Person	Area Code & Daytime Telephone Number
Name of Contact Leastin	Area code de Daytime Totopholic Palliber
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address St	reet Address
	mendment Section
_	ivision of Corporations
	lifton Building
Tallahassee, FL 32314 26	661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment					
Articles of Amendment to Articles of Incorporation of SEPH WERNER PARIZ PARIZ (Name of Corporation as currently filed with the Florida Dept. of State)					
of APRIZ					
JOSEPH WERNER PH. 12 PM 3.3					
(Name of Corporation as currently filed with the Florida Dept. of State)					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: JOSEPH ALEXAUDER GROUPPA					
JOSEPH ALEXANDER P.A 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:					
(Principal office address MUST BE A STREET ADDRESS)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
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:					
New Registered Office Address: (Florida street address)					
, Florida (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.					
\mathcal{N}/\mathcal{A}					
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) Title Name Address **Type of Action** ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	(s) adoption:	ACTO	917/t	15	MARCH 1
Effective date <u>if applicable</u> :	1994	¥7	ion is required)		MARCH I MARCH
	(no more than 90	days after ame	ndment file date)	ı	
Adoption of Amendment(s)	(CHE	CK ONE)			
The amendment(s) was/we by the shareholders was/we			he number of vot	es cast for th	e amendment(s)
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the amendr	nent(s) was/we	ere sufficient for a	approval	
by	(voting group)		.,,,		
The amendment(s) was/we action was not required.	re adopted by the b	oard of director	rs without shareh	older action	and shareholder
The amendment(s) was/we action was not required.	re adopted by the in	ncorporators wi	ithout shareholde	r action and	shareholder
Dated	3 MH	ACH 1	10		
Signature	for de	legan	der		
sele	a director, presider ected, by an incorpo ointed fiduciary by	orator – if in the	e hands of a recei		
	J058	EPH	ALCX me of person sig	ANDE	El
	(Type	ed or printed na	me of person sig	ning)	
	PRE	510Er	T/	gw N E	R
	(Title of p	person signing)			