P11000009733

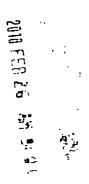
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: R.E. VARGAS, P.A	A.		
DOCUMENT NUMBE				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
Ų	VILLIAM PEMBROKE CP.	A		
		Name of Contact Persor	1	
v	VILLIAM G PEMBROKE O	CPA PA		
-		Firm/ Company		
8	517 SOUTH US 1	• •		
_		Address	<u>-</u>	
Р	ORT ST. LUCIE FL 3495	2		
_		City/ State and Zip Code	2	
VARG	AS6733@BELLSOUTH.NI	ET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
WILLIAM PEMBROK	E	at (<u>772</u>	336-3331	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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



ю

R.E. VARGAS, P.A.

(Name of Corporation as currently f	iled with the Florida Dept. of State)
P11000009733	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
ROSA E. VARGAS, P.A.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered." "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.

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)

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>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	 	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ional sheets, if r	necessary).	(Be specific)	ange(s) here:			
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<u>f an amendi</u>	ment provides	for an excha	ange, reclassi	fication, or ca	ncellation of i	ssued shares.	
(if not a	for implementi applicable, indi	ing the amen	iament II not	contained in	ine amendmer	t itseit:	
(9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
							

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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" (voting group)
(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.
FEBRUARY 12, 2018 Dated
Signature Mr Um
(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)
ROSA E VARGAS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)