## P11000033225

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARP ROVED



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MATDOCUMENT NUMBER: P1100	TT MULE, PA. 0031225
The enclosed Articles of Amendment a	
Please return all correspondence concer	ning this matter to the following:
MATTHE\	N MULE'
	Name of Contact Person
MATT MU	
-	Firm/ Company
18801 US	HWY 41 N.
	Address
TAMPA, F	FLORIDA 33549
	City/ State and Zip Code
F	(6.1)
E-man addr	ess: (to be used for future annual report notification)
For further information concerning this	matter, please call:
_	<b>~1</b>
MATTHEW MULE'	at ( )
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Fi Certificate	
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

## Articles of Amendment to Articles of Incorporation of

MATT MULE, P.A.			_	
· · · · · · · · · · · · · · · · · · ·	currently filed with the Fl	orida Dept. of State)		
P11000031225			_	
(Documen	t Number of Corporation (if	`known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the followin	g amendment(s	i) to
A. If amending name, enter the new na	me of the corporation:			
MATT MULE', P.A.			The new	
	ation "Corp," "Inc," or "(	n," "company," or "incorporated" or the a Co". A professional corporation name must P.A."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		18801 US HWY 41 N.		
		TAMPA, FLORIDA 33549	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		USA	_	
		18801 US HWY 41 N.		
		TAMPA, FLORIDA 33549	-	
		USA	<del>-</del>	
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	MATT MULE', P	.A.		
	18801 US HWY 41 N.			
	(Florida str	eet address)	,	
New Registered Office Address:	TAMPA, FLORIDA , Florida 33549		الا كا 1038 1 <b>7 كا</b>	*
	(City)	(Zip Code)	HANGE IN	70 70 70
	0		ARY SSE	
New Registered Agent's Signature, if c	hanging Registered Agent:		E G	
		with and accept the obligations of the position.	3: 3: STAT FLORI	Œ
	and the state of t	Mant if abouting		

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) L Change			
Add			
Remove			

amending or adding additions attach additional sheets, if necess	sary). (Be spec	cific)			
			<u> </u>	<del></del>	- <del></del>
		·		·	
				<u> </u>	
				<del> </del>	
	·			<del></del>	
f an amendment provides for a	ın exchange, re	classification. (	or cancellation	of issued share	s.
provisions for implementing the (if not applicable, indicate i	ie amendment i	f not contained	d in the amend	ment itself:	_
(if not applicable, indicate i	<i>va</i> )				
	<del></del>				

The date of each amendment(s) adopti	on: JANUARY 1, 2014	, if other than the
date this document was signed.		<del></del> -
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated_JANUARY	1, 2014	
Signature		
	or, president or other officer of directors or officers have not been	
selected, by	an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
MA	ATTHEW MULE'	
<u></u>	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	<del></del>