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MAR 0 4 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Schatt & Hesser, P	.A.	
DOCUMENT NUME		<u>.</u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	J. Theodore Schatt		
		Name of Contact Person	1
	Schatt McGraw Rauba Mutar	elli, P.A.	
		Firm/ Company	
	P.O. Box 4440		
		Address	
	Ocala FL 34478		
		City/ State and Zip Cod	e
	ted@shmfla.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		789-6520
	of Contact Person	at (352)de & Daytime Telephone Number
	r the following amount made		·
S35 Filing Fee	⊠\$43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Intent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Schatt & Hesser, P.A.		
(Name of Corporatio	n as currently filed with the Flo	rida Dept. of State)
P11000038499		
(Docume	ent Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp.	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:	
Schatt, McGraw, Rauba & Mutarelli, P.A.		The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corpo	porated" or the abbreviation "Corp."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	RESS)	2020
		
		Ser of the series
C. Enter new mailing address, if applicable:		SOCK STATE
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	707
		100 08
		
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		r the name of the
	mice address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	torod Agost	
hereby accept the appointment as registered agent. It	am familiar with and accept the ol	bligations of the position.
	·	-
	una of New Paristers I de service I	
Signati	ire of New Registered Agent, if ch	aneine

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>			
X Remove	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Nam</u>	<u>ne</u>		<u>Addres</u> s
1) Change	VP	Ken	neth M. Hesser	_ _ :	328 NE 1st Avenue, Suite 100
Add XX Remove				-	Ocala, FL 34470
2) Change	VP	Rich	nard D. Mutarelli, Jr.		328 NE 1st Avenue, Suite 100
XX Add				-	Ocala, FL 34470
Remove 3) Change					
Add					
Remove				-	
4) Change Add		_ <u>-</u>		- -	
Remove				-	
5) Change					
Add				-	
Remove				-	· · · · ·
6) Change					
Add					
Remove					

(Attach addition	adding additional At al sheets, if necessary)	(Re enecific	iange(s) nere:)			
(Allacii aaanon	ai sattis, y necessary)	. (De specific	,			
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			C4		1	
	nt provides for an ex implementing the an					
(if not app	licable, indicate N/A)					
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	-					
		 	<u>.</u>			
						

	, if other that
late this document was signed.	
Effective date <u>if applicable</u> :((no more than 90 days after amendment file date)
Note: If the date inserted in this block does not locument's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed a tate's records.
Adoption of Amendment(s) (CHE	CK ONE)
☐ The amendment(s) was/were adopted by the in action was not required.	corporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	pareholders. The number of votes east for the amendment(s) proval.
	shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval
by(voting	g group)
Dated 1/10/20	ent or other officer - if directors or officers have not been
Signature (By a director, preside selected, by an incorpappointed fiduciary b	porator — if in the hands of a receiver, trustee, or other court
<u> </u>	Vieodo-e Schaft yped or printed name of person signing)
P	recident
(T	itle of person signing)