

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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COR AMND/RESTATE/CORRECT OR O/D RESIGN RON PAIVA, PA

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Corporate Filing Menu

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MAR 1.5 2012 T. ROBERTS

FILED 2012 MAR 15 PM 2:37

Articles of Amendment to Articles of Incorporation of

SEURETARY OF STATE TALLAHASSEE, FLORIDA

RON PA	IVA, PA
(Name of Corporation as currently file	d with the Florida Dept. of State)
P12000019060	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florid following amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the
A. If amending name, enter the new pame of the cor	poration:
RONALD P. PAIVA, P.A.	
The new name must be distinguishable and cont "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>PESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
•	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. position.	tered Agent: I am familiar with and accept the obligations of the
<u> </u>	of New Beginsened Apart of Land
Signature .	of New Registered Agent, if changing

now want the record to be. Please indicate the title(s), name and address for each officer/director.					
(Our database can ind	ex up to 6 officers/directors.	If you have more th	an 6 officers/directors, ple	ease list them	
on an additional sheet.					
Title(s)	Name		Address		
1)					
	•	· · · · · · · · · · · · · · · · · · ·	***************************************		
					
2)					
, 				•	
•					
20					
3)					
		•			
4)		·	······································		
					
					
5)					
5)					
6)					
			· · · · · · · · · · · · · · · · · · ·		
If REMOVING an o	fficer and/or director, pleas	e list the title(s) a	nd name of the officer/d	irector to be	
removed;					
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>		
1)		4)			
1)		4)	·		
2)		5)			
		- /			
3)		6)	<u> </u>		

If amending or adding additional Anattach additional sheets, if necessary).	
Train, additional incos, y necessary,	(20 spoosyto)
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If an amendment provides for an ex	change, reclassification, or cancellation of issued share
If an amendment provides for an exprovisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued share endment if not contained in the amendment itself:
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The date of each amendmen	(date of adoption - required)			
Effective date if applicable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.			
	rere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	s cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder			
Dated	MAR/02/2012			
	y a director, present or other officer - if directors or officers have not been			
ap	lected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)			
	RONALD P PAIVA			
	(Typed or printed name of person signing)			
	DIRECTOR			
	(Title of person signing)			