P12000039785

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C. GOLDEN FEB 2 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SHERRI SEIDMA	AN, P.A.			
DOCUMENT NUME	BER: P12000039785				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	SHERRI HANLON				
		Name of Contact Persor	1		
	SHERRI HANLON, P.A.				
		Firm/ Company	 		
	521 S. COUNTRY CLUB D	RIVE			
		Address			
	ATLANTIS, FL 33462				
	•	City/ State and Zip Code	e		
SHEE	RI@HANLONREALTYGR	OUP COM			
		sed for future annual report	notification)		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
or further information	concerning this matter, pleas	se call:			
HERRI HANLON		at (889-2984		
Name c	f Contact Person	Area Co	de & Daytime Telephone Number		
sclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

2019 FEB 21 PM 1:07

SHERRI SEIDMAN, P.A.

(<u>Name of Corpora</u>	<u>ition as currently f</u>	iled with the Florida I	Dept. of State)	STATE
212000039785			IALLA	HASSEE. FL
(Doct	ument Number of C	orporation (if known)		
ursuant to the provisions of section 607.1006, Flori s Articles of Incorporation:	ida Statutes, this <i>Fle</i>	orida Profit Corporatio	on adopts the follow	ring amendment(s)
. If amending name, enter the new name of the	corporation:			
HERRI HANLON, P.A.				The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	rp." "Inc." or "Co	". A professional corp	orporated" or the poration name mu	abbreviation
Enter new principal office address, if applicab				
Principal office address <u>MUST BE A STREET AL</u>	ODRESS)			
				
Enter new mailing address, if applicable:	rate.			
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>(O.C.)</u>		-	
. If amending the registered agent and/or regist	tered office addres:	s in Flarida, enter the	name of the	
new registered agent and/or the new registere	d office address:	m roma, cater me	Think of the	
Name of New Registered Agent				
			-	
	tFlorida street	address)		
New Registered Office Address:			Florida	
The state of the s	tCi	(9)		p Coder
r Registered Agent's Signature, if changing Re reby accept the appointment as registered agent.		and accept the obliva	tions of the position	,
	<u>.</u>	,		
				
Sig	mature of New Regi	stered Agent, if changin	ng	

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 = Treasurev; 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 <math>PTD.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
ype of Action Check One)	Title	<u>Name</u>	<u>Addres</u> s
) Change			
Add		-	
Remove		-	
Change			
Add			-
Remove			
		•	
Change			
Add		-	
Remove		-	
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Remove		-	
_ Change			
_ Add		_	
Remove		-	
remove			

famending or adding additional Art attach additional sheets, if necessary).	(Be specific)
meet and committees, if necessary).	(100 operatio)
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<u>f an amendment provides for an exch</u>	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
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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 amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. T must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	·"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	etion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated_ 2.15.19	
Signature Mana Hala	
(B) a director, president or other officer – if directors or off	icers have not been
selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	
SHERRI HANLON	
(Typed or printed name of person signing	<u>;</u>)
PRESIDENT	
(Title of person signing)	·-··-