# P/200042303

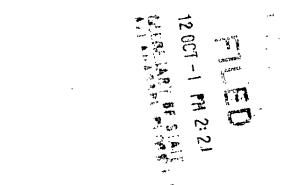
(Requestor's Name)	<del></del>
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

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10-9-12

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	<sub>on:</sub> Locklear & A	ssociates, Profes	sional Corporation
DOCUMENT NUMBER:			
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this man	tter to the following:	
Joh	n Locklear		
		Name of Contact Persor	1
Loc	klear & Assoc	iates, Inc.	
		Firm/ Company	
414	10 NW 37th Pl	ace, Suite A	
		Address	
Ga	inesville, FL 3	2606	
		City/ State and Zip Code	
iohn@	locklearconsul	ting com	
		sed for future annual report	notification)
•	z-man adaress. (to be as	sed for future annual report	nomedian)
For further information conc	erning this matter, pleas	se call:	
John Locklear		at (352_	672-6867
Name of Cor	tact Person		de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	urtment 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)
Division o P.O. Box	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Insee, FL 32301

## **Articles of Amendment** Articles of Incorporation

## Locklear & Associates Professional Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

### P12000042303

(Document Number of Corporation (if known)

2007 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

	"corporation," "company," or "incorporated" or the "inc," or "Co". A professional corporation name mathematics of the company
Enter new principal office address, if applicable	
Principal office address <u>MUST BE A STREET AD</u>	RESS)
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A
	N/A
(Mailing address MAY BE A POST OFFICE Be	ed office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE Be ). If amending the registered agent and/or registered agent and/or the new registered	ed office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE Bo	ed office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE Books)  If amending the registered agent and/or registered new registered agent and/or the new registered N/A  Name of New Registered Agent	ed office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE Be . If amending the registered agent and/or registered new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PTS	John Locklear	2718 SW 92nd Drive
, Add	<del></del>		Gainesville, FL 32608
Remove			
2) Change	<u>V</u>	Lisa Baker	5745 SW 75th Street #139
X Add			Gainesville, FL 32608
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

	ending or adding additional Articles, enter change(s) here:  n additional sheets, if necessary). (Be specific)
N/A	
<del></del>	<del></del>
<u> </u>	
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	ig not applicable, material trixis
. 1,,,	



The date of each amendment(s) adoption:September 28, 2012
N/A
(no more than 90 days after amendment file date)
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 N/A ."
(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.
Dated September 28, 2012
Signature
(By a director, president or other officer – if directors or officers have not been selected, by all incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
John Locklear
(Typed or printed name of person signing)
President
(Title of person signing)