P12000094167

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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Law Office of John	K. Carter, P.A.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Robert Grad		
	Osprey Law Firm, P.A.	Name of Contact Person	
	9500 Koger Blvd, Suite 112	Firm/ Company	
	St. Petersburg, FL 33702	Address	
		City/ State and Zip Code	:
	robert@johnkcarterlaw.com E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Gayle Morden		at (⁷²⁷	456-8970
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corp	ration as currently filed with the Florida De	pt. of State)
P12000094167		
(I	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new name of	he corporation:	
OSPREY LAW FIRM, P.A.		****
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	Inc," or "Co". A professional corporation	The new d' or the abbreviation "Corp" name must contain the word
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX) N/A	2023
		3 5
		<u> </u>
 If amending the registered agent and/or re new registered agent and/or the new regis 	gistered office address in Florida, enter the n	pame of the P
Name of New Registered Agent N/A	area office address.	
	(Florida street address)	
New Registered Office Address: N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent's	<u>e Registered Agent:</u> ent. I am familiar with and accept the obligati	ons of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	<u>nes</u>	
X Add	<u>\$V</u>	Sally Sir	<u>ունի</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change		_	N/A	N/A
Add				
Remove				
2) Change				
Add				
Remove 3) Change		- -		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				181
6) Change		_		
Add				
Remove				

(Attach a	dditional shee	g additional Ar ts, if necessary).	(Be spec	ific)					
/A					•				
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(if	not applicable	e, indicate N/A)				menument.	14,70,111		
I/A									
			 						
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N/A	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
N/A Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ 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)	
Dated DocuSigned by. Signature	_
(Biwardirector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Robert Grad	
(Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	