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SECRETARY OF STATE SIVISION OF CORPORATION

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C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corpo	orations					
NAME OF CORPOR	RATION: Lest:	e F. Cough	Ilan, NP PA			
DOCUMENT NUMBER:						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	ter to the following:				
	Devon G	Name of Contact Person	on A A			
Devon G. Coughlan Name of Contact Person Coughlan & Murray Family Practice, P.A. Firm/Company 2623 S. Seacrest Blvd, Ste 116						
	Boynton Beach, FL 33435					
	City/ State and Zip Code					
		pemac. com				
	E-mail address: (to be us	ed for future annual repor	rt notification)			
For further information	n concerning this matter, pleas	e call:				
Devon	Coughlan	at (561	308 - 9494 Ode & Daytime Telephone Number			
Name o	of Contact Person	Area C	ode & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amer Divis	t Address Idment Section ion of Corporations In Building			

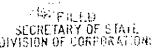
2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation



	of			SECRETARY OF STATE
Leslie 1	F. Coughian,	NP.	PA	2816-AUG - 8 AM 11: 1
(Name of Co	prporation as currently	filed with	the Florida I	Dept. of State
P140	14880000			
	(Document Number of	Corporatio	on (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this F	lorida Pre	ofit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new name				
Coughlan & Murray Frame must be distinguishable and contain	amily Practice	PA		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	o". A pr	any," or "inco ofessional cor	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new registered agent	ICE BOX) registered office addre	ss in Flor	ida, enter the	name of the
new registered agent and/or the new reg	gistered office address:			
Name of New Registered Agent				 _
_	(Florida stree	et address)	·····	
New Registered Office Address:				, Florida
	(0	City)		(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		th and ac	cept the obliga	tions of the position.
	Signature of New Re	gistered A	gent, if changi	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 = 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	***************************************	_		
Add				
Remove				
2) Change				
Add		_		*******
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add		_		
Remove				
- 				
6) Change		_		
Add				
Remove				

	adding additional Artice and sheets, if necessary).	(Be specific)			
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			** .*		
	nt provides for an excha	inge, reclassification	n, or cancellation of	of issued shares,	
an amendme	' implementing the amen		ned in the amendi	cut usen.	
provisions for	implementing the amen dicable, 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	FILED SECRETARY OF STATE 90 days after amendment file date) IVISION OF CORPORATION
	_
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	ere sufficient for approval
by	,"
by(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators win action was not required.	thout shareholder action and shareholder
Dated8/02/2016	
	icer + ht directors or officers have not been
selected, by an incorporator — if in the appointed fiduciary by that fiduciary	he hands of a receiver, trustee, or other court ')
Leslie F.	Coughlan I name of person signing)
(Typed or printed	name of person signing)
President	dent

(Title of person signing)