## P14000035166

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ERICA THALER,	P.A.			
DOCUMENT NUM	BER: P14000035166				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	Jennifer D. Sharpe, Esq.				
		Name of Contact Person	1		
	Hackleman, Olive & Judd, P.				
	Firm/ Company 2426 East Las Olas Boulevard				
	Address				
	Fort Lauderdale, Florida 33301				
		City/ State and Zip Code			
		City/ State and Zip Code	e		
jshar	pe@hojlaw.com				
E-mail address: (to be used for future annual report notification)					
For further informatio	n concerning this matter, pleas	e call:			
Jennifer D. Sharpe		954 at (	334-2250		
Jennifer D. Sharpe     at (954)     334-2250       Name of Contact Person     Area Code & Daytime Telephone Numl		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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 Tallahassee, Ft. 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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Erica Thaler, P.A.		
(Name o	of Corporation as currently filed with the	Florida Dept. of State)
P14000035166		
	(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ume of the corporation:	
Erica Stowers, P.A.		The new
	tain the word "corporation," "company," ation "Corp," "Inc," or "Co". A profess tion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> )		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, o	enter the name of the
Name of New Registered Agent	Hackleman, Olive & Judd, P.A.	
	2426 East Las Olas Boulevard	
	(Florida street address)	· 100 t
New Registered Office Address:	Fort Lauderdale	, Florida 33301
	(City)	(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent:  ered agent. I am familiar with and accept the second	the obligations of the position.  L if changing

## 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>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<u> </u>		
Add				
Remove				
2) Change				
Add		<del></del>		
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add		_	<del></del>	
Remove			•	
5) Change		_		
Add				
Remove				
6) Change		_		
Add			•	
Remove				

ttach additional sheets, if necessary).	(Be specific)
-	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g nor approach, maicaic 1911)	

•	de la	i Of Lower
The date of each amendment(s) adoption:	<u> </u>	if other than the
date this document was signed.	<b>-</b>	nu o oc
Effective date if applicable:	2016 OCT 25	PM 3: U6
(no more than 90 days after amendment file	date)	<del> </del>
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	ements, this date w	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amendment(s) was/were approved by the shareholders through voting groups.		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by"		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder	
October 13, 2016		
Dated		
the state of the s		
Signature Aloud		
(By a director, president or other officer - if directors or officers		
selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	e, or other court	
appointed fiduciary by that fiduciary)		
Erica Stowers		
(Typed or printed name of person signing)		<del></del>
Director		
(Title of person signing)		