P14000039366

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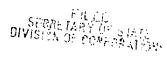
TO: Amendment Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: LAZARUS RISING	G P.A.	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	MICHELLE ANNE MOUSI	N	
-		Name of Contact Person	1
I	AZARUS RISING P.A.		
_		Firm/ Company	
1	43 SOLANO CAY CIR		
-		Address	
I	PONTE VEDRA FL 32082		
-		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report	notification)
MICHELLE ANNE M	OUSIN	at (904	616-5757
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis	ing Address adment Section ion of Corporations Box 6327	Amend Division	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



LAZARUS RISING P.A.

15 AUG 10 AM 8:52

		- 111 0. 35
(Name of Corporati	on as currently filed with t	the Florida Dept. of State)
P14000039366		
(Docun	nent Number of Corporation	i (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profi</i>	it Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
MICHELLE ANNE MOUSIN P.A.		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "Co". A prof	ny," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered Name of New Registered Agent		la, enter the name of the
traine of thew Registered rigens		
-	(Florida street address)	
New Registered Office Address:	,	P1:4-
New Registerea Office Address.	(City)	, Florida (Zip Code)
Naw Degistered Agent's Signature if shanging Deg	riotanad Amanto	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with and acce	ept the obligations of the position.
	•	
Sign	ature of New Registered Age	ent, 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	. <u>SV</u>	Sally Smith	
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			<u> </u>
Add			
Remove			

Attach additional sheets	; if necessary). (Be	enter change(s) he specific)	<u>re</u> :		
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If an amendment provi provisions for implem (if not applicable, i	<u>enting the amendme</u>	, reclassification, on tif not contained	or cancellation of I in the amendmen	issued shares, it itself:	
		,			

The date of each amendment(s) ado	ption:			if other than the
date this document was signed.			SEGRETAR	f Of a William construction
Effective date if applicable:			DIFIGURE 4	one and employed
	(no more tha	n 90 days after amendment file d	late)5 AUG 10	AM 8: 52
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the apartment of State's records	plicable statutory filing requiren	nents, this date v	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. icient for approval.	The number of votes cast for the	amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders ach voting group entitled	hrough voting groups. The follo to vote separately on the amend	wing statement ment(s):	
"The number of votes cast fo	or the amendment(s) was/	were sufficient for approval		
by		"		
	(voting group)	·		
☐ The amendment(s) was/were adop action was not required.	led by the board of direct	ors without shareholder action ar	nd shareholder	
The amendment(s) was/were adop action was not required. Dated Signature	-/5 -			
selected,		fficer / if directors or officers ha the hands of a receiver, trustee, ry)		
	MICHELLE ANNE MOU	SIN		
-	(Typed or print	ed name of person signing)		
P	RESIDENT			
_	(Tr	le of person signing)		