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R. WHITE
MAY 0 8 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MICHAEL DAUG	USTINIS, P.A.	
DOCUMENT NUME	BER: P14000072694		
	of Amendment and fee are su	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Robert Daugustinis		
		Name of Contact Persor	1
	Robert Daugustinis, P.A.		
		Firm/ Company	
	12724 Gran Bay Parkway W	est, Suite 410	
		Address	
	Jacksonville, FL 32258		
		City/ State and Zip Code	e
Daha	→@PDI au Office and		
. Kobe	rt@RDLawOffices.com	ed for future annual report	
	n-man address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Robert Daugustinis		904 at (	297-0950
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

FILED

## Articles of Amendment to Articles of Incorporation

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SECTE TA: YE P與STATE TALL AHABMA FLORIDA

( <u>Name of</u>	Corporation as current	ly filed with the Florida Dept. of State)	
P14000072694			
	(Document Number	f Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following	amendment
A. If amending name, enter the new na-	me of the corporation:		
			The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abo "Co". A professional corporation name must co "P.A."	
B. <u>Enter new principal office address, i</u>	f applicable:	172 Enrede Lane	
Principal office address <u>MUST BE A ST</u>		Saint Augustine, FL 32095	
			<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		172 Enrede Lane	
		Saint Augustine, FL 32095	
D. If amending the registered agent an	d/or registered office ad	lress in Florida, enter the name of the	
new registered agent and/or the new	registered office addre	<u> </u>	
Name of New Registered Agent	ROBERT DAUGUSTIN	IS, P.A.	
	12724 Gran Bay Parkwa	y West, Suite 410	
	tl·lorida s	treet address)	
New Registered Office Address:	Jacksonville	. Florida 32258	
		(City) (Zip C	odes

Potent Domonstiris

as President of Robe

Signature of New Registered Agent, 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:

 $P \rightarrow President; V \rightarrow Vice President; T \rightarrow Treasurer; S \rightarrow Secretary; D \rightarrow Director; TR \rightarrow Trustee; C \rightarrow Chairman or Clerk; CEO \rightarrow Chief Executive Officer; CFO \rightarrow Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) N Change	DPS	MICHAEL DAUGUSTINIS	172 Enrede Lane		
Add			Saint Augustine, FL 32095		
Remove					
2) Change					
Add					
Remove					
3 ) Change					
Add					
Remove			****		
4) Change		-			
Add					
Remove					
5) Change		·			
Add					
Remove					
6) Change					
Add		<del></del>			
Remove					

Attach add	ditional sheets, if ne	ional Articles, enter of cessary). (Be specif	îc)			
-						
	, , , , , , , , , , , , , , , , , , ,		,			
				- Addition of the second of th		
<u></u>						
if an ame	ndment provides fo	or an exchange, rech 2 the amendment if 1	ssification, or car	nceilation of issued	shares,	
(if no	ot applicable, indica	ue N/A)	nor contained it to	ie amenganeus use	110.	
	The state of the s					
				·		
						-

The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement 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		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	Michel Munit	
Signature		*********************
selecte	lirector, president or other officer – if directors of officers have not been id, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	MICHAEL DAUGUSTINIS	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>