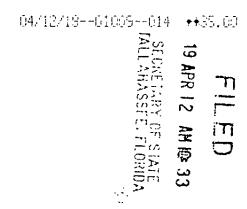
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Lifes Gavin, P.A.			
DOCUMENT NUMB	ER: P14000081924			
	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corres	pondence concerning this ma	tter to the follo	wing:	
	Helen S. Atter			
•	<del></del>	Name of Co	ontact Person	n
	The Lifes Firm, P.A.			
		Firm/ (	Lompany	
	1030 West Bay Street, Ste. 1		company	
-	_ <del></del>		dress	
	Jacksonville, Florida 32202	710		
-		G: 10:	177 61 1	
		City/ State :	and Zip Cod	e
hatter	@thelilestirm.com			
	E-mail address: (to be u	sed for future a	nnual report	notification)
For further information	concerning this matter, plea-	se call:		
Helen S. Atter			904	634-1100
Name o	at (	Area Co	) de & Daytime Telephone Number	
rame o	Contact i cison			de le Bayanne Forephone France.
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fin Certified ( (Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Address		Street	Address
Ame	ndment Section		Amend	Iment Section
	ion of Corporations			on of Corporations
	Box 6327 hassee, FL 32314			Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Liles Gavin, P.A.				
(Name o	of Corporation as currently	filed with the Florida De	pt. of State)	
P14000081924				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this $F$	lorida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
The Liles Firm, P.A.			5	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpo	porated" or the abb oration name must co	oreviation ontain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)			7.00 7.00 7.00	9 APR 12 AM
D. If amending the registered agent an new registered agent and/or the new	w registered office address:	ss in Florida, enter the ag	تعفر زغمو	3
Name of New Registered Agent Helen S. Atter				
	301 West Bay Street, Suite	1030		
	(Florida stree	et address)		
New Registered Office Address:	Jacksonville		, Florida 32202	
		City)	(Zip Co	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.	hanging Registered Agent: tered agent. I am familiar wi	ith and accept the obligation	ons of the position.	

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 = 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 Doe	
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>	Address
1) Change	VP	Richard Kyle Gavin	301 West Bay Street, Ste. 1030
Add			Jacksonville, FL 32202
X Remove			SEERE TRANSPR
2) Change	Mr.	Ryan S Callen	301 West Bay Streeg Sie. 1000
Add	_		Jacksonville, FL 32202;
X Remove			FIAI ORIDE
3) Change	VP	Michael D Lee	301 West Bay Street, Ste. 1030
X Add			Jacksonville, FL 32202
Remove			
4) Change	VP	John A Carlisle	301 West Bay Street, Ste. 1030
x Add			Jacksonville, FL 32202
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change( (Be specific)					
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				P. C.		_
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				TALE	33	
<u>f an amendment provides for an excl</u>	hange, reclassificati	on, or cancellat	ion of issued shar	res,		
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not cont	ained in the amo	endment itself:			
						_
						_
		<u>-</u>				_
		_				_
						_
						_ 

The date of each amendment(s):	idoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	19
	The state of the s	P m
☐ The amendment(s) was/were acception was not required.	lopted by the board of directors without shareholder action and shareholder	12
	dopted by the incorporators without shareholder action and shareholder	AM @ 33
April 4, 2 Dated	019	: Ü
Signature		_
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Michael D Lee	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	

. . .