## P14000081924

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: THE LILES FIRM	, P.A.	
DOCUMENT N	UMBER: P14000081924		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	Amy Cromwell		
		Name of Contact Person	1
	The Liles Firm, P.A.		
		Firm/ Company	
	50 N. Laura Street, Suite 120	0	
		Address	
	Jacksonville/Florida 32202		
	<del></del>	City/ State and Zip Cod	<u> </u>
		,	
	acromwell@thelilesfirm.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further inforn	nation concerning this matter, pleas	se call:	
Amy Cromwell		at (	634-1100
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

ly filed with the Florida Dept. of State),		
	بہ	
of Corporation (if known)		
Florida Profit Corporation adopts the followin	g amendment(s)	
	_The new	
A professional corporation name must contain		
50 N. Laura Street, Suite 1200		
Jacksonville, FL 32202		
50 N. Laura Street, Suite 1200		
Jacksonville, FL 32202		
	Jacksonville, FL 32202  50 N. Laura Street, Suite 1200	

Robert B. George Name of New Registered Agent 50 N. Laura Street, Suite 1200 (Florida street address)

Jacksonville New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Signature of New Registered Agent, if changing

Check if applicable

THE LILES FIRM, P.A.

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hel 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	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>	Address
1) Change			
Add			
Remove			
2) Change			<del></del>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

тики вишиноти мее	g additional Articl ts, if necessary).	(Be specific)			
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				_ <del>_</del>	
				_	<del></del>
f an amendment pro	uidac far an araba	ngo maalaccifiaa	tian ar sansallat	ion of icenad cha	POF
provisions for imple	<u>viues for an exchai</u> menting the amend	nge, reciassificati dment if not con	tained in the am	<u>ion or issueu sira</u> endment itself:	<u>1163,</u>
(if not applicable	, indicate N/A)				
	- <del></del>	•			-
					<del>_</del>

.

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	late)
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amend	-
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
08/19/2021 Dated Signature	The state of the s	
selecte	rector, president or other officer – if directors or officers had, by an incorporator—if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	Robert B. George	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	