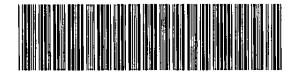
| | <u> </u> |
|---|---|
| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Sta | us |
| Special Instructions to Filing Officer: | |
| | |
| Office Use Only | |



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09/13/17--01013--008 **10.00

07/24/17--01023--027 **25.00

SEP 1 4 2017

D CUSHING

COVER LETTER

| Division of Corporations |
|---|
| NAME OF CORPORATION: Gregg ROSSMan P. A. |
| DOCUMENT NUMBER: P140000 85448 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Chelseg Callahan |
| Rasman Legal |
| 6840 Cari Ilin Rel |
| Address Address City/ State and Zip Code |
| City/ State and Zip Code Chelsed Possman legal. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (954), 440 - 0908 Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee |
| Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations |

SECRETARY OF STATE

we have

Tallahassee, FL 32314

P.O. Box 6327

9 \$25.00 Credi

Clifton Building

2661 Executive Center Circle Tailahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2017

GREGG ROSSMAN GREGG ROSSMAN, P.A. 6840 GRIFFIN ROAD DAVIE, FL 33314

SUBJECT: GREGG ROSSMAN, P.A.

Ref. Number: P14000085448

We have received your document for GREGG ROSSMAN, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

If all you are doing is just changing the principal and mailing address of your corporation you just need to send us an email at corpaddresschange@dos.myflorida.com. If you decided to file the amendment we will need an additional \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 317A00015838

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of



Gregg Rossman P.A

| Gregg | KOSSMAN M. |
|---|---|
| (Name of Co | rporation as currently filed with the Florida Dept. of State) |
| P140000 85 | |
| | (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1000 its Articles of Incorporation: | Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name | of the corporation: |
| | |
| | The new the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the for the abbreviation "P.A." |
| B. Enter new principal office address, if ap | plicable: |
| (Principal office address MUST BE A STRE | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | |
| D. If amending the registered agent and/or new registered agent and/or the new rej | registered office address in Florida, enter the name of the |
| | Grean Dockman Same |
| Name of New Registered Ayent | (Florida street address) Oavie (City) (City) (City) (City) (City) (City) (City) |
| New Registered Agent's Signature, if chang | ging Registered Agent: |
| I hereby accept the appointment as registered | deent. I am familiar with and accept the obligations of the position. |
| Gre | Signature of New Registered Agent, if changing PROSSIMENT |

| address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice i Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones Ica Mike Jones, V as Remove. | and/or D if necess rector tite President = Chief i r, Directe in the fo | virector being ary) If you the first of the | g added: letter of the office title: rer; S= Secretary; D= Director; The ficer. If an officer/director holds me PTD. ner. Currently John Doe is listed as Sally Smith is named the V and S. The | ficer/director being removed and title, name, and R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first letter of each office is the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change, |
|--|---|--|---|--|
| Example: X.Change | <u>PT</u> | John Doe | | |
| X Remove | \underline{V} | Mike_Jone | | |
| X Add | <u>sv</u> | Sally Smit | | |
| Type of Action (Check One) | <u>Title</u> | <u>N</u> | ame | <u>Addres</u> s |
| 1) Change | | | 1 | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | • • • | | | · |
| Add | | | · | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |

___ Remove

| . If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | | | |
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|--|---|----------------------|
| The date of each amendment(s) adoption:date this document was signed | | _, if other than the |
| Effective date <u>if applicable</u> : | , | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department of | pot meet the applicable statutory filing requirements, this date will if State's records. | not be listed as the |
| Adoption of Amendment(s) (C | HECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | shareholders. The number of votes cast for the amendment(s) approval. | |
| | he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the ame | endment(s) was/were sufficient for approval | |
| by | ting group) | |
| (ve | oting group) | |
| ☐ The amendment(s) was/were adopted by the action was not required. | board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were adopted by the action was not required. | incorporators without shareholder action and shareholder | |
| Dated | | |
| Signature | | <u> </u> |
| (By a director, pre | sident or other officer – if directors or officers have not been exporator – if in the hands of a receiver, trustee, or other court | |
| | by that fiduciary) | |
| | TYEGG ROSSMAN (Typed or printed name of person signing) | |
| | (Typed of printed name of person signing) | |
| | 1 owner | |
| | (Title of person signing) | |