## BIADD2293

| (Re                     | questor's Name)        |  |  |  |
|-------------------------|------------------------|--|--|--|
| (Ad                     | dress)                 |  |  |  |
| (Ad                     | dress)                 |  |  |  |
| (Cit                    | y/State/Zip/Phone #)   |  |  |  |
| PICK-UP                 | WAIT MAIL              |  |  |  |
| (Bu                     | siness Entity Name)    |  |  |  |
| (Document Number)       |                        |  |  |  |
| Certified Copies        | Certificates of Status |  |  |  |
| Special Instructions to | Filing Officer:        |  |  |  |
|                         |                        |  |  |  |
|                         |                        |  |  |  |
|                         |                        |  |  |  |
|                         |                        |  |  |  |

Office Use Only



500265701975

10/27/14--01034--004 \*\*35.00

FILE D W OUT 27 PM 1: OC

And

NOV 06 2014

R. WHITE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DIONNE M. BLAESING, PA DOCUMENT NUMBER: P14000085629 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIONNE M. BLAESING, ESQ Name of Contact Person Firm/ Company 5318 LEMON STREET Address NEW PORT RICHEY, FL 34652 City/ State and Zip Code DIONNEBLAESING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 992 9114

Area Code & Daytime Telephone Number DIONNE M. BLAESING Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment** to **Articles of Incorporation** of

FILED

14 OCT 27 PH 1:00

## DIONNE M. BLAESING, PA

(Name of Corporation as currently filed with the Florida Dept. of State) P14000085629

(Document Number of Corporation (if known)

mendment(s) to

| A. If amending name, enter the new n  | ame of the corporation:  |                  |                      |
|---|--------------------------|------------------|----------------------|
|   |                          |                  |                      |
| name must be distinguishable and coi<br>"Corp.," "Inc.," or Co.," or the desig<br>word "chartered," "professional associa | nation "Corp," "Inc," or | "Co". A professi |                      |
| B. Enter new principal office address.  |                          |                  |                      |
| (Principal office address <u>MUST BE A S</u>  | STREET ADDRESS )         | 5318 LE          | MON STREET           |
|   |                          | NEW POR          | RT RICHEY, FL 34652  |
| C Enter now mailing address if ann  | liashla.                 |                  |                      |
| C. Enter new mailing address, if app<br>(Mailing address MAY BE A POST  |                          |                  |                      |
|   |                          | 5318 LE          | MON STREET           |
|   |                          | NEW POF          | RT RICHEY, FL 34652  |
|   |                          |                  |                      |
| <ul> <li>If amending the registered agent a<br/>new registered agent and/or the ne</li> </ul>                             |                          |                  | nter the name of the |
| Name of New Registered Agent  |                          |                  |                      |
|   | 5318 LEMON               | STREET           |                      |
|   | (Florida s               | street address)  |                      |
| New Registered Office Address:  | NEW PORT RICHEY          |                  | , Florida 34652      |
| itew negistered Office Address.   |                          | ν)               | (Zip Code)           |

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.

| <u>X</u> Change               | <u>PT</u> | John Doe    |                 |
|-------------------------------|-----------|-------------|-----------------|
| X Remove                      | <u>V</u>  | Mike Jones  |                 |
| X Add                         | <u>sv</u> | Sally Smith |                 |
| Type of Action<br>(Check One) | Title     | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |           | _           |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 2) Change                     |           |             |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 3) Change                     |           | _           | <u></u>         |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 4) Change                     |           |             |                 |
| Add ·                         |           |             |                 |
| Remove                        |           |             |                 |
| 5) Change                     |           | _           |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |
| 6) Change                     |           |             |                 |
| Add                           |           |             |                 |
| Remove                        |           |             |                 |

|                     | litional sheets,                  | , if necessary).               | (Be specifi   | c)               |                |                                       |   |
|---------------------|-----------------------------------|--------------------------------|---------------|------------------|----------------|---------------------------------------|---|
|                     | <del></del>                       |                                |               | ·                |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     | _                                 |                                | ••••          |                  |                |                                       | • |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  | ···            |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                | <del></del>   |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                | •             |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
| an amer             | <u>idment provi</u>               | des for an exc                 | hange, reclas | sification, or o | ancellation of | issued shares,                        |   |
| orovision<br>(if no | is for impleme<br>t applicable, i | enting the am<br>indicate N/A) | enament 11 no | ot contained in  | the amendmen   | nt itseii:                            |   |
| (5                  | · ··pp·······                     | ,                              |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               | <u> </u>         | <u>-</u>       | · · · · · · · · · · · · · · · · · · · |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |
|                     |                                   |                                |               |                  |                |                                       |   |

| The date of each amendment date this document was signed |  | _, if other than th |
|--|--|---------------------|
| Effective date if applicable:                            | NOVEMBER 13, 2014  |                     |
| Micetare date il applicable:                             | (no more than 90 days after amendment file date)   | _                   |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )   |                     |
|  | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |                     |
|  | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): |                     |
| "The number of votes                                     | s cast for the amendment(s) was/were sufficient for approval   |                     |
| by   | (voting group)   |                     |
|  | (voting group)   |                     |
| The amendment(s) was/we action was not required.         | re adopted by the board of directors without shareholder action and shareholder  |                     |
| The amendment(s) was/we action was not required.         | re adopted by the incorporators without shareholder action and shareholder   |                     |
| Dated_OC   | TOBER 24, 2014   |                     |
| Signature  | By a director, president or other officer – if directors or officers/have not been   | -                   |
| Se   | elected, by an incorporator – if in the hands of a receiver, trustee, or other court provinted fiduciary by that fiduciary)                              |                     |
|  | Typed or printed name of person signing)   | -                   |
|  | Title of person signing)   | -                   |