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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: D L Robinson PA					
DOCUMENT NUME	DOCUMENT NUMBER: PI 50000 1807				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	spondence concerning this mat	tter to the following:			
	DIVIG	Pahraim			
		Robinson Name of Contact Person	1		
	Firm/ Company				
3990 Cedar Bluff 2N.					
3990 Cedar Bluff ilw. Address Jacksonvill, FL 3226 City/ State and Zip Code					
	Jacksonvilla	FL 32226			
		City/ State and Zip Code	e		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dixie R	obinista	at () 662-3127		
Name of Contact Person at (904) 662-3127 Area Code & Daytime Telephone Num		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Amo Divi	ling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

:1

		16 1	FEB 29 AM 10: 54
(Name of Corporation	ı as currently	filed with the Florida Dept. of State)	
D L Robinso	$n \rho A$	P1500006	1800'1
(Docume	nt Number of (Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this F	lorida Profit Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the cor	poration:		
DIXIE Lee Robinson	PA		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"corporation, "Inc," or "C	o". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		
		NA	44-4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		NA	·
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ss in Florida, enter the name of the	
Name of New Registered Agent			
	(Florida stree	et address)	
New Registered Office Address:		. Florida	
	(0	City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		th and accept the obligations of the pos	ition.
Signa	ture of New Re	gistered Agent, if changing	

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and .ddress 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.

Mike Jones, V as Remove Example:	, and Sai	lly Smith, .	SV as an Add.	
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	-	<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u>. </u>		
Add				
Remove				
5) Change			No. of Control of Cont	
Add				
Remove				
6) Change		_		
Add				
Remove				

ration audition	adding additional Articles, enter change(s) here:
	al sheets, if necessary). (Be specific)
f an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares,
provisions for	implementing the amendment if not contained in the amendment itself:
(ij not app	licable, indicate N/A)

The date of each amendment(s) adoption:		, if other than th
date this document was signed.		FILED
Effective date <u>if applicable</u> :		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
(no more the	nn 90 days after amendment file date)	16 FEB 29 AM 10: 54
Note: If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's record		
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amend	lment(s)
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"The number of votes cast for the amendment(s) was	were sufficient for approval	
by(voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of direc action was not required.	tors without shareholder action and sha	reholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareho	lder
Dated 2/25/2016		
Dated 2/25/2016 Signature Quick Robinson	η	
(By a director, president or other	officer - if directors or officers have no	
selected, by an incorporator – if i appointed fiduciary by that fiduci	n the hands of a receiver, trustee, or oth ary)	er court
DIVIE	Robinson ted name of person signing)	
(Typed or prin	ted name of person signing)	-
Pre		
(T	itle of person signing)	

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