P150000 29909

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COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCTOV BY DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorp	oration .
Doctor Blvd Corp	
(Name of Corporation as currently file	ed with the Florida Dept. of State)
P150000 29909	
(Document Number of Con	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name-must contain the
B. Enter new principal office address, if applicable:	5000
(Principal office address <u>MUST BE A STREET ADDRESS</u>) -	一
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent BOSI DIMMON	5
12-107 Mahoga (Florida streed ac	(dress)
New Registered Office Address: Bounton Black (City)	, Florida 33436 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.
Basil Simo	
Signature of New Regist	ered 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 D	<u>loe</u>	,				
X Remove	<u>V</u>	Mike Jones						
X Add	<u>sv</u>	Sally S	<u>mith</u>					
Type of Action (Check One)	<u>Title</u>		Name · \	Address				
1) Change	<u>V</u>		Basil Simmons	12107 Mahogany Dr				
Add Remove				Boynton B.Ch \$1,33436				
2) Change Add								
Remove								
3) Change	_	_						
Add								
4) Change		_		 				
Add Remove				 				
5) Change								
Add	-	_						
Remove								
6) Change		_						
Add								
Remove								

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Basil Dimmong at Vice President 1% of Corporation
Advess: 12107 Mahogany Dr Boynton Beach 5/
33436
Adding Basi Dimmons as 1% of my Corporation
name Doctor Bird Corp.
<u> </u>
,
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adopt date this document was signed.	ion:	-8-11		_, if other than the
Effective date if applicable:				•
	(no more than	90 days after amendment fü	le date)	
Note: If the date inserted in this block document's effective date on the Depart		icable statutory filing requi	rements, this date will r	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		e number of votes cast for t	the amendment(s)	
he amendment(s) was/were approve must be separately provided for eac				
"The number of votes cast for	the amendment(s) was/we	ere sufficient for approval		
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
☐ The amendment(s) was/were adopted action was not required.	i by the board of directors	s without shareholder action	n and shareholder	
The amendment(s) was/were adopted action was not required.	I by the incorporators wit	hout shareholder action and	i shareholder	
Dated	9.17			
Signature DENOH	Persoth			_
(By a direc		icer – if directors or officers he hands of a receiver, trust		
	iduciary by that fiduciary		ee, or other court	
G	endon Ste	11125 W	BTH	
	(Typed or printed	name of person signing)	•	