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ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NICK CHILDRESS, P.A.  DOCUMENT NUMBER: PISODOU 43129
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nick Childress  Name of Contact Person  Nick Childress, P.A.  Firm/Company  7429 Green Tree Drive  Address  Orlando, FL 32819  City/State and Zip Code  Nick Childress 41 Dgmail. com  E-mail address: (to be used for future annual report-notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Contact Person at (407) 234 1276  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to	ALER MA
Articles of Incorporation of Nick Childress, P.A.	TAST AND
(Name of Corporation as currently filed with the Florida Dept. of State)    Solution   Plant   Plant	TONITE O

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the	corporation:			
The Orlando Injury name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "C	o". A professional	A. "incorporated" of corporation name	The new r the abbreviation e must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		7429 Ocland	Green J	Tece Dr. 32819
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox</u> )	PO Bo Winder	nere, FL	9 34786
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent		s in Florida, enter	the name of the	
	(Florida stree	address)		
New Registered Office Address:			, Florida	
	(C	ity)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the ob	ligations of the po	sition.
Sio	nature of New Rea	istered Agent if che	anoino	

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 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)	Title		Name	Address
1) Change		_		
Add				
Remove				<u></u>
2) Change				
Add				
Remove				
3) Change				
Add		-		
Remove				
Remove				<del> </del>
4) Change		_		
Add			,	<del>17.</del>
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add			_	
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
an amendment provides for an exchorovisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
су похарушеною, тинеше (УА)	
(у пох арупсион, тисин 14/А)	
(y nos appacade, mucute 14/A)	
(у пол аррисшое, тисие 14/А)	
(у пот вружешоге, тикийе 14/А)	
(y nor appreciole, miscule IVA)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 3/28/17  (no more than 90 days after amendment file date)	
(no more man 20 days after amenament file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ıreholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
Dated 3/28 17	
Signature	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	ier court
<u>Nicholas</u> Childress	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	