P1500086125

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bonnie Martinez, P.A.

DOCUMENT NUMBER: P15000086125

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie Lanners

Name of Contact Person

Bonnie Lanners, P.A.

Firm/ Company

493 Bluff View Dr

Address

Belleair Bluffs, FL 33770

City/ State and Zip Code

BLanners@SmithandAssociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Bonnie Lanners
 at (727)
 512-6355

 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

□\$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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

Articles of	to Incorporation	
	of	FILE
Bonnie Martinez, P.A.		2018 131 16 1110:
(<u>Name of Corporation as curre</u>	ently filed with the Florida Dept.	of State)
P15000086125		•
(Document Numbe	er of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corporation</i> ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>	Ç:
Bonnie Lanners, P.A.		The new
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
	uddress in Florida, enter the nam	e <u>of the</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. <u>If amending the registered agent and/or registered office a</u>	uddress in Florida, enter the nam	e of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. <u>If amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent</u>	uddress in Florida, enter the nam	e <u>of the</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. <u>If amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent</u>	iddress in Florida, enter the nam ress:	e <u>of the</u>

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<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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:

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X_Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
<u>Type of Action</u> (Check One)	Title	Name	Address	
$1) \frac{N/A}{M} Change$	N/A	N/A	N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			<u> </u>	
Remove			··	
6) Change				
Add				
Remove				

		mal sheets, if necessary).	an sprand			
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(if not applicable, indicate N/A)	nravisions f	r implementing the am	endment if not co	ntained in the am	endment itself:	<u></u>
	(if not a	vlicable, indicate N/A)			<u>endinent notin</u>	
		,,				
	N/A					
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	January 2, 2018 The date of each amendment(s) adoption:, if other than t
	date this document was signed.
	January 2, 2018
•	Effective date if applicable:
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
	Adoption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	□ The amendment(s) was/were approved by the shareholders through voting groups. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>
	"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 incorporators without shareholder action and shareholder action was not required.
	January 12, 2018
	Dated
	Signature Am Manner
	(By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Bonnie Lanners
	(Typed or printed name of person signing)
	_ nexdut
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	(Title of person signing)