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And

JAN 22 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Seawall Doctors, In	nc.	
DOCUMENT NUMI	BER: P15000099786		·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	David Beall		
		Name of Contact Persor	1
	Seawall Doctors, Inc.		
		Firm/ Company	
	11212 Highland Circle	Third Company	
		Address	
	Boca Raton, Florida 33428		
		City/ State and Zip Code	2
		ony, out and the open	
info@	Seawalldoctors.com		
	E-mail address: (to be us	sed for future annual report	notification)
n na te	i di a	11	
ror turtner informatio	n concerning this matter, pleas	se call:	
David Beall		at (⁵⁶¹	699-4587
Name	Name of Contact Person Area Code & Daytime Telephone I		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment fo

to

Articles of Incorporation of 18 JAN 18 PM 12: 49

Seawall Doctors, Inc.	And the second s
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P15000099786	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
NA	The new
	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent NA	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
<u> </u>	

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 <math>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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Paola Escobar	11212 Highland Circle
X Add			Boca Raton, Florida 33428
Remove			.
2) X Change	CEO	David Beall	11212 Highland Circle
Add			Boca Raton, Floirda 33428
Remove			
3) Change			
Add		1	
Remove			
4) Change		<u> </u>	
Add			
Remove			- · · · · · · · · · · · · · · · · · · ·
5) Change		!	
Add		1	<u> </u>
Remove			
6) Change			
Add		1	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
(Macil additional sneets, if necessary).	spectfic)			
As of December 1, 2017, Paola Escobar has bee	en voted in as President of Seawall Doctors, Inc. She has been			
elected to be fiftty-one percent (51%) owner of S	cawall Doctors, Inc., making her have majority ownership.			
	<u> </u>			
	1			
	· · · · · · · · · · · · · · · · · · ·			
F. If an amendment provides for an exchange.	reclassification, or cancellation of issued shares,			
provisions for implementing the amendme (if not applicable, indicate N/A)	nt if not contained in the amendment itself:			
(y noi appueanie, inascate www.				
				

December 1, 2017	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file do	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, 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 east for the aby the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendments.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by OFFICER OF COMPANY "	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	areholder
Dated Daniery 11, 2018	
Signature (By a director, president or other officer if directors or officers ha	ve not heen
scleeted, by an incorporator – if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	
DAVID M BEALL	
DAVID M. BEALL (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
(The Or person aigning)	