P16000 14525

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FLORIDA DEPARTMENT OF STATE Division of Corporations

17 MAR 2U 3H 3H 4

March 1, 2017

JENNY LEWIS JENNY MASSEY, P.A. 1206 SW LIVE OAK COVE PORT ST LUCIE, FL 34986

SUBJECT: JENNY MASSEY, P.A. Ref. Number: P16000014525

We have received your document for JENNY MASSEY, P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 717A00003928



March 22, 2017

JENNY LEWIS JENNY MASSEY, P.A. 1206 SW LIVE OAK COVE PORT ST LUCIE, FL. 34986

SUBJECT: JENNY MASSEY, P.A. Ref. Number: P16000014525

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 717A00005498

Susan Tallent Regulatory Specialist II

www.sunbiz.org

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COVER LETTER

TO: Amendment Section Division of Corporations	, (NEW)
NAME OF CORPORATION:	y Massey PA / Jenny Lewis PA
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Je	Name of Contact Person
Je	PNNY Lewis PA Firm/Company
	Firm/ Company
1206 SW L	Address LUCE FC 34986 City/ State and Zip Code
<u> </u>	Address
Port st	LUIR FL 34986
	City/ State and Zip Code
Jenny	Lewisrealtore. gmail. wm v
· · · · · · · · · · · · · · · · · · ·	used for future annual report notification)
For further information concerning this matter, plo	ease call:
January Punis	777 005/177
Jenny Lewis Name of Contact Person	at (<u>7113</u>) <u>985 lo lo 33</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	
ready pent check u	(Additional copy is conclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JENNY MASSEY, P.A.

Q2.111		
(Name of Corporation as currently	y filed with the Florida Dept. of Sta	te)
P16000014525		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation: Jenny Let name must be distinguishable and contain the word "corporation"	UIS P.A.	The new or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "oword "chartered," "professional association," or the abbreviation "		ime must contain the
B. Enter new principal office address, if applicable:	-	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		7*
C. Enter new mailing address, if applicable:		<i>Ο</i>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		·
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: Port St		<u>a 34986</u> iZap Codes
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		position.
Signature of New R	HWW legistered 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	- Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One) 1) Change	Title	Jenny Lewis	1204 SW LIVE Oak CO
Add		1	Portst Lucie, FL 34984 772-985-6622
2) Change			
Add Remove			и,
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change Add			
Remove			

Attach additional sheets, if necessary)	icles, enter change(s) here: (Be specific)
·	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate VA)	
	
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. . . .

The date of each amendment(s) adoption this document was signed	ption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement seh voting group entitled to vote separately on the amendment(s)	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ed by the board of directors without shareholder action and shareholder	
VI The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 3	20/17 my Lewis Presiden	4
Signature	my Jewis Presiden	<u>#</u>
(By at dire selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	I fiduciary by that fiduciary)	
	Tenny Lewis (Typed or printed name of person signing)	
_	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	