P16000020246

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:Rita L Farmer CRN	NA PA		
DOCUMENT NUM	IBER: P16000020246			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Rita L Nolind			
	· · · · · ·	Name of Contact Person	}	
	Rita L Nolind CRNA PA			
	Firm/ Company			
	5307 Applegate Court			
		Address	100 To	
	Bradenton, FL 34211			
	City/ State and Zip Code			
	ritanolind75@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Rita L Nolind		at (
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.G	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 essee, FL 32303	

Articles of Amendment to Articles of Incorporation of

Rita L Farmer CRNA PA

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000020246			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s <i>Florida Profit Corporation</i> adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
Rita L Nolind CRNA PA			The new
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abb A professional corporation name must "	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Rita L Nolind CRNA PA	
		5307 Applegate Court	
		Bradenton, FL 34211	
			73
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		Rita L Nolind CRNA PA	<u>; </u>
(maing dances MENT WEST OF THEE BOSS)		5307 Applegate Court	- '- '- '- '- '- '- '- '- '- '- '- '- '-
		Bradenton, FL 34211	-
			<u> </u>
D. If amending the registered agent at new registered agent and/or the ne			9
Name of New Registered Agent Rita L Nolind			
name ty now migate to rigen	5307 Applegate Court		
	(Florida s	treet address)	
New Registered Office Address;	Bradenton Flo		4211
<u> </u>			(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis	hanging Registered Ager tered agent. I am familian	nt: with and accept the obligations of the po	sition.
ki	1 / Mild	Registered Agent, if changing	
·	Signature of New	кедіметей Адені, ў спапдіпд	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> <u> </u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> §	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Rita L Farmer	12611 Richezza Drive
Add X Remove			Venice, FL 34293
Remove 2) Change	Р	Rita L Nolind	5307 Applegate Court
X Add			Bradenton, FL 34211
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be	<i>мресик)</i>			
				
•		· · · · · · · · · · · · · · · · · · ·		
				
If an amendment provides for an exchange provisions for implementing the amendment	reclassification.	<u>or cancellation o</u> ed in the amendo	l issued shares,	
(if not applicable, indicate N/A)	ne ii not contain	ed in the unicidan	iche regen.	
	-,			
· · · · · · · · · · · · · · · · · · ·				

The date of south amountains and a	01/01/2021	, if other than the
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharel	nolder action and shareholder
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the ar Dicient for approval.	nendment(s)
	roved by the shareholders through voting groups. The followareach voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	,··	
-	(voting group)	
selected appoint	rector, president or other officer – if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary) Rita L Nolind	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)