

(Requestor's Name)			
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	ısiness Entity Nan	ne)	
(Do	ocument Number)		
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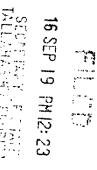
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SEP 23 2016 R. WHITE



COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: JEFF GRANT, P.A. DOCUMENT NUMBER: P1 (000072630
DOCUMENT NUMBER: P1 600072630
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEFF GRANT, P.A. Firm/Company 2359 S WALLEN DRIVE Address PALM BEACH GARDENS, 71 33410 City/State and Zip Code JEFF GRANT, P.A. Firm/Company 2359 S WALLEN DRIVE Address PALM BEACH GARDENS, 71 33410
For further information concerning this matter, please call:
Jeffrey Grant at (561) 818, 7881 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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
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 Articles of Incorporation

FILED

Article	s of Incorporation	* Three days but
	of	16 SEP 19 PM 12: 23
JEFF GRANT,	ρ, Α.	SECRETAGY: Provide Dept; of State)
(Name of Corporation as c	urrently filed with the	Florida Dept; of State
P16000	072630	
(Document Nu	umber of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat		
JEFFREY MICHAE	L GRANT,	P. A, The new
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp.," "Inc word "chartered," "professional association," or the abbrevia	c," or "Co". A profes	" or "incorporated" or the abbreviation sional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent N/A		
(Flo	orida street address)	
New Registered Office Address:	/O:- \	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	(City) I Agent: Imiliar with and accept	(Zip Code) the obligations of the position.
N/A		t, if changing
Signature o	f New Registered Agen	t. 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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si		
Type of Action (Check One)	<u>Title</u>	<u>,</u>	Name	<u>Addres</u> s
1) Change			N/A	
Add				
Remove				
2) Change		.	N/A	
Add				
Remove				
3) Change		_	N/A	
Add				
Remove				
4) Change		_	NA	
Add				
Remove				
5) Change			N/A	
Add		_		
Remove				
] ^	
6) Change		_	NA	-
Add				****
Remove				

If amend Attach <i>a</i>	ing or adding additional Articles, enter change(s) here: Iditional sheets, if necessary). (Be specific)	
·		
		_
provisi	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself: of applicable, indicate N/A)	

•	9/12/2016	
The date of each amendment(s) adoption: date this document was signed.	η το το στ φ	, if other than the
Effective date <u>if applicable</u> :	9/12/2016	
	(no more than 90 days after amer	ıdment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S		ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	hareholders. The number of votes pproval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting to		
"The number of votes cast for the amend		oproval
by(voti	·	
(voti	ng group)	
The amendment(s) was/were adopted by the b action was not required.	poard of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the is action was not required.	ncorporators without shareholder a	action and shareholder
Dated	2010 Luy Mich A	LA
(By a diffector president	dent or other officer – if directors of	officers have not been
	rporator – if in the hands of a recei	ver, trustee, or other court
appointed fiduciary	by that figuriary)	
	Jeffrey Michae Typed or printed name of person s	1 Grant
(°	Typed or printed name of person s	igning)
	President	
	(Title of person signing)