

P16000077369

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: JOANNA MULDE	ER NP INC	
DOCUMENT NUM	IBER: P16000077369		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	BRUCE A. MULDER		
	<u> </u>	Name of Contact Person	
	JOANNA MULDER NP INC		
		Firm/ Company	
	2553 MASON OAKS DR.		
	-	Address	
	VALRICO, FL 33596		
		City/ State and Zip Code	:
	RELLISON.OFFICE@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
ROGER ELLISON		at (376-0736
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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 The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

JOANNA MULDER NP INC

	(Document Number	of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corpo	ration adopts the following an	nendment
A. If amending name, enter the new na	me of the corporation:			
N/A			Th	e new
ame must be distinguishable and contain in 'Inc.,'' or Co.,'' or the designation "Co 'chartered,'' "professional association."	orp," "Inc." or "Co".	A professional corpo		
3. Enter new principal office address, i	f annlicable:	N/A	2024 SEC	
(Principal office address MUST BE A STREET ADDRESS)			DEC.	
			7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	SEE. F	
			7	
			<u> </u>	
 If amending the registered agent and new registered agent and/or the new 			the name of the	
• •	BRUCE A. MULDER			
Name of New Registered Agent				
Name of New Registered Agent	2553 MASON OAKS D	R.		
<u>Name of New Registered Agent</u>		R. street address)		
Name of New Registered Agent			, Florida	

Signature of New Registered Agent, if changing

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	JOANNA T. MULDER	2553 MASON OAKS DR.
Add			VALRICO, FL 33596
X Remove			
2) Change	P	BRUCE A. MULDER	2553 MASON OAKS DR.
. X Add			VALRICO, FL 33596
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

N/A	mending or adding additional Articles, ach additional sheets, if necessary). (Be	? specific)	_		
-					
				· • • · · · · · · · · · · · · · · · · ·	
		<u> </u>	<u> </u>	_	
			·····		
					
					
' If a:	in amendment provides for an exchang	e reclassification (or cancellation of is:	sued shares.	
pro	ovisions for implementing the amendm	ent if not containe	d in the amendmen	itself:	
	(if not applicable, indicate N/A)				
			· · · · · · · · · · · · · · · · · · ·		
√A 					
√A 					
√A 					
√/A 					
√A 				<u>.</u>	
N/A					
√/A					
J/A					
J/A					

12/1/2024	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through a must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by	18
(voting group)	
12/1/2024	
Dated	
Signature Muld Qu	
(By a director, president or other officer – i setected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
JOANNA T. MULDER	
(Typed or printed name	of person signing)
PRESIDENT	
(Title of person signing)	