## P16000077369

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,
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PICK-UP WAIT MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: JOANNA MULDI	ER NP INC				
DOCUMENT NUMI	BER: P16000077369					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	STEPHANIE ELLISON					
		Name of Contact Persor	1			
JOANNA MULDER NP INC						
		Firm/ Company				
	13739 OGAKOR DR					
		Address				
	RIVERVIEW, FL 33579					
		City/ State and Zip Code				
	RELLISON.OFFICE@GMA	ML.COM				
	-	sed for future annual report	notification)			
For further informatio	n concerning this matter, plea	se call:				
ROGER ELLISON		at (	376-0736			
Name	of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section of Corporations entre of Tallahassee			

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

1		A.	NI	ΝI	۸	3.	41	Τſ	n	CD	NID	INC
	ı		IN.	iN	٠.	i۷	11	11		и к	NP.	1.

( <u>Name o</u>	<u>f Corporation as curren</u>	tly filed with the Florida	Dept. of State)
P16000077369			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporati	ion adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc." or "Co",	A professional corporati	ited" or the abbreviation "Corp.," ion name must contain the word
B. Enter new principal office address, i	f annlicable:	13739 OGAKOR DE	<b>k</b> .
(Principal office address <u>MUST BE A ST</u>		RIVERVIEW, FL 33	579
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13739 OGAKOR DE	₹.
	,	RIVERVIEW, FL 33:	579
D. If amending the registered agent and new registered agent and/or the new			e name of the
Name of New Registered Agent	STEPHANIE E. ELLISO		
	13739 OGAKOR DR.		
	(Florida s	treet address)	
	RIVERVIEW		Florida 33579
New Registered Office Address:		(City)	(Zip Code)
new registered agent and/or the new  Name of New Registered Agent	STEPHANIE E. ELLISO 13739 OGAKOR DR. (Florida s	ON street address;	

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.

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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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	BRUCE A. MULDER	2553 MASON OAKS DR.
Add			VALRICO, FL 33596
X Remove			
2) Change	P	STEPHANIE E. ELLISON	13739 OGAKOR DR.
XAdd			RIVERVIEW, FL 33579
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)				
N/A				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
N/A				

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3/26/2025	
The date of each amendment(s) adoption:	if other than the
3/26/2025 Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sha action was not required.	ireholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated_Brue A Muldu.	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
BRUCE A. MULDER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	