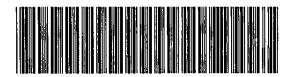


(R	equestor's Name)	
. (A	ddress)	
. (A	ddress)	····
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WẠIT	, MAIL
(B	Business Entity Nan	ne)
(C	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	



600294982476

02/01/17--01013--014 **35.00

Sorra Warman

FEB 09 2017 R. WHITE 17 FEB -9 PH 2: 44



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2017

CHUCH MOORMAN 563 SW 78TH TERR OCALA, FL 34474

SUBJECT: CHARLES M. MOORMAN, INC.

Ref. Number: P17000007702

We have received your document for CHARLES M. MOORMAN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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.

Rebekah White Regulatory Specialist II

Letter Number: 517A00002333

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Charles M. Moorn	nan Inc	
DOCUMENT NUI	P17000007702		
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all con	respondence concerning this ma	tter to the following:	
	Chuck Moorman		
		Name of Contact Person	a
	Charles M Moorman PA		
		Firm/ Company	
	563 SW 78th Terr	* •	
		Address	
	Ocala, FL 34474	1144	
		City/ State and Zip Cod	Δ
		only omic and zip cou	_
ch	uck@chuckmoorman.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Chuck Moorman		252	070 2020
		at (³⁵²	
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	lailing Address	Street	Address
Amendment Section		Amendment Section	
	ivision of Corporations		on of Corporations
	O. Box 6327 allahassee, FL 32314		Building xecutive Center Circle
, 1,	mmmm3300, 1.1. JEJ [7		assee, FL 32301
			,

Articles of Amendment to.

Articles of Incorporation of



17 FE8 -9 PH 2: 44

<u> </u>
rrently filed with the Florida Dept. of State)
ber of Corporation (if known)
s, this Florida Profit Corporation adopts the following amendment(s)
on:
The new
oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
563 SW 78 Terr
Ocala, FL
34474
same
e address in Florida, enter the name of the
dress;
ida street address)
. Florida
(City) (Zip Code)
gent:
iliar with and accept the obligations of the position.
•
New Registered 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	PT John	Doe	
X Remove	<u>V Mike</u>	e Jones	,
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u>	E. Rachel Moorman	8319 Summer Greens Ferr
XAdd			Bradenton, FL
Remove			34212
2) Change			·
Add		·	
Remove			
Add			
Remove			
4) Change			
Add Remove			·
5) Change Add			
Remove	•	-	
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Parton 10 91 -	
Ralestate Sales	
ff an amendment provides for an exchange, reclassification, or cancellatio	on of issued shares,
provisions for implementing the amountment if not contained in the amountment is not c	rdment itself:
	·

The date of each amendment(s	adoption:, if other	r than th
date this document was signed.		
	/27/2017	
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with not be list Department of State's records.	ted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes or	ast for the amendment(s) was/were sufficient for approval	
by	· "	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
1/27/201 Dated	7	
Signature	() la Cach	
(By:	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	Charles M. Moorman	
	(Typed or printed name of person signing)	<u>.</u>
	President	
	(Title of person signing)	-