P17000041020

(Req	uestor's Name)	·	
(Addi	ress)		
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(City/	/State/Zip/Phone	e #)	
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COVER LETTER

WILLIAM M. CHARLES DO PA

OIVISION OF CORPORATION

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUME	BER: P1700	0041020	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	iter to the following:	
	William W.	Charles Name of Contact Perso	
		Name of Contact Perso	on
	William M.	Charles DO PA Firm/Company	
•		Firm/ Company	
	9745 Herais	Nost (out A Address	pt 104
		Address	
	lake Worth	FK 33 467	
		City/ State and Zip Co	de
	E-mail address: (to be us	otwail. Com ed for future annual repor	notification)
For further information	n concerning this matter, pleas	e call:	
William MC	larles	at (<u>352</u>	, 613 - 3768
Name o	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made j	payable to the Florida Dep	partment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy

enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of



William M. Cu	navles DO PA
	is currently filed with the Florida Dept. of State)
P170000	41020
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	The new
B. Enter new principal office address, if applicable:	9745 Harans Nost Cart
(Principal office address <u>MUST BE A STREET ADDRE</u>	9745 Horans Nost Cart Apartment 104
	Lake Worth, FC 33467
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9745 Herous Nest Court
	Spartment 104
	Lake Warth F1 33467
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe.	red Agent-
I hereby accept the appointment as registered agent. I an	
	e of 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	<u>РТ</u> <u>Јо</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VE	Candace L. Charles	9162 West Harbar Isle Court
Add			9162 West Harbor Isle Court Cyptal River, FC 34429
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

E. <u>If amending</u> (Attach <i>additio</i>	or adding additional Art onal sheets, if necessary).	ticles, enter change (Be specific)	e(s) here:		
	/ A				
					
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				·	
	•				
F. If an amendr provisions f	nent provides for an exc or implementing the am	hange, reclassifica endment if not con	tion, or cancellation tained in the amer	on of issued shares, idment itself:	1
(if not a	pplicable, indicate N/A) -				
N/A	+				
		·			
					-
	<u> </u>				
				<u> </u>	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
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 statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated May 15, 2018	
Signature William W. Charles to President (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)	
WILLIAM W. CHARLES DO (Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	<u> </u>