P17000081517

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations	7.4
NAME OF CORPORATION: Carl G. Hawkins, P.A Law Offices of DOCUMENT NUMBER: P1700081517	Carli G. Hawkin
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carl Hawkins Name of Contact Person Carl G. Hawkins, P.A Law Offices of Carl G. Firm/ Company 4720 Salisbury Rd. Address Jacksonville, FL 32256 City/ State and Zip Code Chawkins@cghpa.Com E-mail address: (to be used for future annual report notification)	lawkins
For further information concerning this matter, please call:	
Kayla Collier at (863) 289-0559 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:	-
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is 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

,	Articles of Amendment	1	
	to Articles of Incorporation	Tak,	
	of		′ ش
	Carl G. Hawkins, P.A.		**
	(Name of Corporation as currently filed with the Florida Dept. of State)		d.
	P17000081517		
	(Document Number of Corporation (if known)		
	the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the for Incorporation:	ollowing amendn	nent(s) to
A. If amen	ding name, enter the new name of the corporation:		
Carl	6 Hawkins, P.A Law Offices of Carl 6 Hawkins	The ne	
name must	be distinguishable and contain the word "corporation," "company," or "incorporated" or lc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name	the abbreviation	on ha
	tered," "professional association," or the abbreviation "P.A."	musi Comain in	ie
R Enter n	ew principal office address, if applicable: 4720 Salisbury fice address MUST BE A STREET ADDRESS Jacksonville, FL	1 Rd.	
	ffice address MUST BE A STREET ADDRESS	2225/1	
	Jacksonnik, FL	SAAJU	
	<u></u>		
C Enter r	new mailing address, if applicable:	, 1 1	
	g pddress MAY BE A POST OFFICE BOX) 4720 Salisbury	Rd.	
1	Jacksonville, FL	32256	
		1 1	•
	ding the registered agent and/or registered office address in Florida, enter the name of the	1	
new reg	istered agent and/or the new registered office address:		
<u>Na</u>	me of New Registered Agent N/A		
	·		
	(Florida street address)		
Ne	w Registered Office Address: N/A	N/A	
	(Ciry)	(Zip Code)	•
<u> </u>			
	ered Agent's Signature, if changing Registered Agent: cept the appointment as registered agent. I am familiar with and accept the obligations of the po.	sition,	
\ \			
11	$A \setminus A$		
II .	Signature of New Registered Agent, if changing		
H	Signature of New Registered Agent, if changing		
		1 1	

Page 1 of 4

. 1			1
address of each Office		ectors, enter the title and name of each office tor being added:	r/director being removed and title, name
(Attach additional she Please note the office		the first letter of the office title:	
P = President; V = V	ice President; T=	= Treasurer; S= Secretary; D= Director; TR= ncial Officer. If an officer/director holds more	
held. President, Treas	urer, Director w	ould be PTD.	} '}
a change, Mike Jones	leaves the corpo	ing manner. Currently John Doe is listed as the oration, Sally Smith is named the V and S. These	
Mike Jones, V as Rem Example:	ove, <mark>and</mark> Sally Si	mith. SV as an Add.	
X Change	PT Jo	hn Doc	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One)	Ω	0 10 11- 11-	11722 C. Val
1) X Change	<u>b</u>	Carl G. Hawkins	
Add			Jacksonville, FL
Remove			32256
1			
2) Change			
Add			1 1
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
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5 Change			
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Remove			
1			
6) Change			
Add			i
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If an amendment provides provisions for implementi (if not applicable, indic	for an exchange, reclassification, or cance ng the amendment if not contained in the cate N/A)	llation of issued shares, amendment itself:		
ll I				
II NÍA			1 1	
N/A				ļ

The date of e	ach amendment(s) adoption:	, if other than the
	ment was signed.	T 1
	e if applicable: 16/29/17 (no more than 90 days after amendment file date)	
1	(no more than 90 days after amendment file date)	1 1
	date inserted in this block does not meet the applicable statutory filing requirements, this date w fective date on the Department of State's records.	ill not be listed as the
Adoption of	Amendment(s) (CHECK ONE)	
	Iment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) reholders was/were sufficient for approval.	
	Iment(s) was/were approved by the shareholders through voting groups. The following statement parately 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)	1 1
	(voting group)	1
	ment(s) was/were adopted by the board of directors without shareholder action and shareholder not required.	
	ment(s) was/were adopted by the incorporators without shareholder action and shareholder not required.	\ \
	Dated	
	Signature //2/4/2	
11	(By a director, president or other officer – if directors or officers have not been	
11	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
\\	appointed fiductary by that fiduciary)	
	(Typed or printed name of person signing)	1
1	(Typed or printed name of person signing)	
	President	
\parallel	(Title of person signing)	