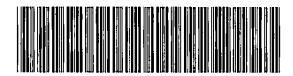
## P170000 89586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

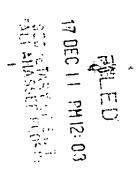
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: James W Allen, P.	۸. 	
DOCUMENT NUMB	ER: P17000089586		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	James W Allen		
		Name of Contact Persor	1
		Firm/ Company	<del></del>
	8508 Fantasia Park Way		
		Address	
	Riverview, FL 33578		
		City/ State and Zip Cod	e
jallen	@bhhsflpg.com		V
	E-mail address; (to be us	sed for future annual report	notification)
For further information	a concerning this matter, pleas	se call:	
Loren Potts		at ( 813	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Ameno Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JIM.	w	AΙ	I FN	PΔ

(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
P17000089586	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
James Walter Allen, P.A.	r The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	·
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	프로 프로 프로
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u></u>
D. If amending the registered agent and/or registered office ac	ldress in Florida, enter the name of the
new registered agent and/or the new registered office addre	288:
Name of New Registered Agent	
1Florida	street address)
	CI - 1.
New Registered Office Address:	City: (Zip Code)
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>
Thereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Signature of Nev	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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO <math>\odot$  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 Dog	
X Remove	<u>v</u>	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	_		
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
INCHIUTE			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
tno more than 90 days after am	iendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	<del>.</del>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	r action and shareholder
11/18/2017	
Signature X Own Olland	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
James W Allen	
(Typed or printed name of person	signing)
President	
(Title of person signi	ng)