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Amend

SEP 2 8 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: JUSTIN WHISEN	ANT, M.D., P.A.		
	MBER: P17000090158			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	LEVI HATCII			
		Name of Contact P	erson	
NIELSEN LAW GROUP				
		Firm/ Compan	y	_
	1490 S. PRICE RD., STE 301	I		
	CHANDLER, AZ 85286	Address		_
		City/ State and Zip	Code	_
	·h · · · · · · · · · · · · · · · · ·		7	
	alyssa.samora@nlglaw.com E-mail address: (to be us	and for future annual e	mort natification)	
For further informat	ion concerning this matter, pleas		888-7111	
Nam	e of Contact Person	Are	888-7111 a Code & Daytime Telephone Numb	 per
Enclosed is a check	for the following amount made p	payable to the Florida	Department of State:	
■ \$35 Fiting Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
Ai Di P. Tr	ailing Address mendment Section (vision of Corporations O. Box 6327 (Ilahassee, FL 32314 CAUGO AND W	Ar Di TI 24 Ta As told	reet Address mendment Section vision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 dlahassee, FL 32303 SINCE I AM	updatiNa
Adress	ONCY - 100 1052	o to live	AGENT SIGN 1	ナのまと、
	mark You			

Articles of Amendment to Articles of Incorporation of

JUSTIN WHISENANT, M.D., P.A.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

			<u>~:</u>
	of Corporation as curren	tly filed with the Florida Dept. of State)	15
P17000090158			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendme	nt(s) to
A. If amending name, enter the new n	ame of the corporation:		
		The new	
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4555 W. SWANN AVE	
		TAMPA, FL 33609	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4555 W. SWANN AVE	
		TAMPA, FL 33609	
D. If amending the registered agent at new registered agent and/or the ne			
Name of New Registered Agent			
induction in the state of the s	4555 W. SWANN AVE		
	(Florida s	treet address)	
New Registered Office Address:	ТАМРА	, Florida ³³⁶⁰⁹	
		(City) (Zip Code)	
	·		
New Registered Agent's Signature, if c	hanging Registered Ager	it: with and accept the obligations of the position.	
r noveme accept the appointment as regis.	егеа адет 1 ат јатиа	with that accept the obligations of the position.	
	Signature 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 Doc 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>	<u>John Doe</u>	
X Remove	\underline{Y}	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) X Change	P	JUSTIN WHISENANT	
Add			4555 W. SWANN AVE
Remove			TAMPA, FL 33609
2) Change			
Add			
Remove 3) Change			
Add	٠		
Remove			·
4) Change	 -		
Add			
Remove			
5) Change			
Add		•	
Remove		.	
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be .	specific)
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f an amendment provides for an exchange,	reclassification, or cancellation of issued shares,
provisions for implementing the amendment	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amena	
(no more than 90 days after amend	iment file date)
Note: If the date inserted in this block does not meet the applicable statutory filindocument's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	
(voting group)	
Signature (By a director, president or other officer – if directors or	
selected, by an incorporator - if in the hands of a receiv appointed fiduciary by that fiduciary)	er, trustee, or other court
JUSTIN WHISENANT	
(Typed or printed name of person sig	ning)
PRESIDENT	
(Title of person signing)	