## P18000009925

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## **COVER LÉTTER**

2018 HAR 12 . H ET . . . TO: Amendment Section **Division of Corporations** Flores Carlos A. P.A. NAME OF CORPORATION: P18000009925 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Flores Carlos Name of Contact Person Firm/ Company 9703 Old Patina Way Address Orlando Florida 32832 City/ State and Zip Code centralflorida4you@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Flores Carlos 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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is **Certified Copy** enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

•	of	
Flores Carlos A P.A		**************************************
(Name of Corpor	ration as currently filed with the	Florida Dept. of State)
P18000009925		÷.
(Do	cument Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Florida Profit C	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the Carlos A Flores P.A.	e corporation:	The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	orp," "Inc," or "Co". A profess	or "incorporated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	
D. If amending the registered agent and/or reginew registered agent and/or the new register		enter the name of the
Name of New Registered Agent		
*****	(Florida street address)	
New Registered Office Address:		, Florida
THE THEORY THE CHIEF CHARLES	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

			Director: TR= Trustee: C = Chairman or Clerk; CEO = Chief
executive Officer; CF held. President, Treasi			ector holds more than one title, list the first letter of each office
			oe is listed as the PST and Mike Jones is listed as the V. There is
			ne V and S. These should be noted as John Doe, PT as a Change,
	ove, and Sa	lly Smith, SV as an Add.	
Example: X_Change	<u>PT</u>	John Doe	
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>	Address
i) Change			
Add			<del></del>
Remove			
2) Change	-27-2-1-		
Add			
Remove			
3) Change		_	<del></del>
Add			
Remove			
4) Change			
Add		]	
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add	<del></del>		
Remove			

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

	i
(Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta	on, or cancellation of issued shares, ined in the amendment itself:
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not conta (if not applicable, indicate N/A)	on, or cancellation of issued shares, ined in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 c	days after amendment file date)
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as 2.2
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to the proper entitled to voting group entitle	
"The number of votes cast for the amendment(s) was/were	sufficient for approval.
by	"
(voting group)	1
☐ The amendment(s) was/were adopted by the board of directors was action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	l shareholder action and shuruholdur
Dated MARCH 5 2018	
Signature ducs 4	Poses ().
(By a director, president or other officer	
appointed fiduciary by that fiduciary)	nands of a receiver, trustee, or other court
CARLOS A.	FLORES
(Typed or printed na	me of person signing)
PRESIDE	
	person signing)