## P18000083631

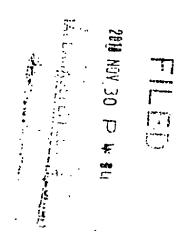
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T. LEWIEUX



## COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JOHN CHRISTOP	HER DOONEY, P.A.	
DOCUMENT NUM			<u> </u>
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TJ CORBIN		
	<del></del>	Name of Contact Person	n
	CORBIN & ASSOCIATES,	Р.А.	
		Firm/ Company	
	238 NE FIRST AVENUE	runi Company	
		Address	<u> </u>
	DELRAY BEACH, FL 3344	4	
		City/ State and Zip Cod	e
TJC	ORBIN@CORBINLAW.NET		
	_	sed for future annual report	notification)
	3 200, (10 01 0.		
For further information	on concerning this matter, pleas	se call:	
TJ CORBIN		561	563-8438
	of Contact Person	at (	) 563-8438 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.C	endment Section ision of Corporations Box 6327 lahassec, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JOHN CHRISTOPHER DOONEY, P.A.

JOHN CHRISTOPHER DOONET, F.A.		
	ration as currently filed with the Flo	rida Dept. of State)
P1800008361		
(De	ocument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corp.	oration adopts the following amendment(s) to
A. If amending name, enter the new name of th	ie corporation:	
		TI
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A professione	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET).		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
		<u> </u>
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		****
	<u> </u>	
Name of New Registered Agent		The Control of the Co
	(2)	<u> </u>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Liptende)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		obligations of the position.
	Signature of New Registered Agent, if c	hanging

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:

 $P \neq President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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>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>	<u>Addres</u> s
1) Change	P,V	TJ CORBIN	3443 POLO DR
Add			GULF STREAM, FL 33483
X Remove			
2) Change	Р	JOHN CHRISTOPHER DOONEY	3443 POLO DR
X Add			GULF STREAM, FL 33483
Remove			
3 ) Change		_	
Add			
Remove			<u></u>
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del> </del>
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u>.</u>	
	·
<del></del>	
f an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	***

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if other man the
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, thi document's effective date on the Department of State's records.	s 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 votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	solder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ः
11/29/2018 Dated	
Signature	<del> </del>
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
TJ CORBIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	