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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARK PARIS MI	O II PA	
DOCUMENT NUM	BER: P19000000191		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	MARK PARIS		
		Name of Contact Person	1
		Firm/ Company	
	100 E LINTON BLVD, SUF	ΓΕ 503A	
	DELRAY BEACH, FL 3348	Address	
		City/ State and Zip Code	<u> </u>
	INFO@ASGTAX.COM	ony, oute and pip cod	•
	-	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
MARK PARIS		at (843-0219
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.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

MARK PARIS MD PA

100 E LINTON BLVD SUITE 203A DELRAY BEACH, FL 33483

February 18, 2020

To:

State of Florida

Division of Corporation

Re:

Name Change

Document Number P17000061430

Dear Sir or Madam,

Please allow this letter to serve as formal notice that I do not intend to reactivate or reinstate the aforementioned document number (Mark Paris MD PA). Please release this name.

If you have any questions or concerns please feel free to call me directly.

Thank You

Mark Paris, President

561-843-0219

2/18/2020

Articles of Amendment to Articles of Incorporation



MARK PARIS MD II PA

900000191	ion as currently filed with the Florida Dep	ot. of State)
(Docu	ment Number of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florid Articles of Incorporation:	la Statutes, this Florida Profit Corporation a	dopts the following amendment(s)
If amending name, enter the new name of the c	orporation:	
ARK PARIS, MD, P.A.		174
me must be distinguishable and contain the word "c nc.," or Co.," or the designation "Corp," "Inc. hartered," "professional association," or the abbro	" or "Co". A professional cornoration is	Thenew ' or the abbreviation "Corp.," name_must_contain_the_word
Enter new principal office address, if applicable incipal office address <u>MUST BE A STREET ADD</u>	<u>e:</u> DRESS)	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>-</u>	
If amending the registered agent and/or registe	red office address in Florida, enter the nat	me of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		· ————
	(D)	
	(Florida street address)	
		, Florida
New Registered Office Address:	(City)	
New Registered Office Address:	(City)	(Zip Code)
w Registered Agent's Signature, if changing Reg	zistered Agent:	(Zip Code)
	zistered Agent:	(Zip Code)
w Registered Agent's Signature, if changing Reg	zistered Agent:	(Zip Code)

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

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 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)	Title	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			·
Add			·
Remove 3) Change			
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5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

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<u>f an amend</u>	iment provides for an o	exchange, reclassifi	cation, or cancellar	tion of issued share	<u>s,</u>
if not i	for implementing the applicable, indicate N/A	<u>amenoment ii not c</u> ()	ontained in the am	iendment itself:	
(5)	7,7	•			
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02/18/2020 The date of each amendment(s) adoption: , if other than the date this document was signed. 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, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) 02/18/2020 Dated Signature (Bya director, president or other officer - if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) MARK PARIS (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)