P19000009797

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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Continue Course	Cadillanta	{ C}-b		
Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer:			
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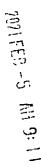




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COVER LETTER

TO: Amendment Secti Division of Corpo			•	
NAME OF CORPOR	ATION: Sara Holladay-Tob	ias, PA		
	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Sara F. Holladay			
•		Name of Contact Persor	1	
		Firny Company		
	50 N. Laura Street, Suite 330	0		
	Jacksonville, Florida 32202	Address		
	Jacksonvine, Florida 52202	City/ State and Zip Code		
		•	•	
	sholladay@meguirewoods.co			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
			,	
Name o	of Contact Person	at (at Coc	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made			
■ \$35 Filling Fee	S43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Sara Holladay-Tobias, P.A.		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P19000009797		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Sara F. Holladay, P.A.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must c	viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	7.021 FB1: - 5
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		9: 1 1
Name of New Registered Agent N/H		
(Florida : New Registered Office Address;	street address)	
New Registered Office Address,	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.		tion.
Signature of New	кеуметса муст, и спануту	
Check if applicable		

☐ 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 Doc			
X Remove	\underline{V}	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					
Remove					
5) Change			 		
Add					
Remove					
6) Change			 		
Add			 		
Remove					

E. <u>If amending o</u> (Attach <i>additio</i>	r adding additiona nal sheets, if necesse	<mark>Articles, enter ch:</mark> irv). (Be specific)	inge(s) here:			
N/A	<u> </u>					
						
71 2-7						
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				•		
						_
If an amendm	ent provides for an	exchange, reclassi	fication, or canc	ellation of issued	shares,	
<u>provisions 10:</u> (if not app	r implementing the plicable, indicate N/	<u>amendment it not</u> 4)	contained in the	amendment itsei	<u>II:</u>	
N/A						
<u>/ 1//3</u>						
	· ·					
	4					
		<u>.</u>				
			- <u>-</u>			

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January 29, 2021	
The date of each amendment(s) adoption:	, if other than 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, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by'''	
(voting group)	
Signature (By a 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)	_
Sara F. Holladay Flk/a Sura F. Holladay (Typed or printed name of person signing)	-Tobas
President	
(Title of person signing)	