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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DR. STraigs
DOCUMENT NUMBER: P 19 0000 600 11
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kyle Scott
Name of Contact Person
N - 1 - 1
DR. STans Firm/Company
837 Cliffa Hills Street
Address
Orlando fl 32858 City/ State and Zip Code
City/ State and Zip Code
\/
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for dujure annual report notification)
For further information concerning this matter, please call:
C. Martine and C. Mar
Name of Contact Person at (407) 360 3500 Area Code & Daytime Telephone Number
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 & ☐\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy
is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	s currently filed wi	th the	Florida Der	ot. of State)		
P19 0000 G00 11						
	Number of Corpora	ion (i	f known)			· · · ·
rsuant to the provisions of section 607.1006, Florida Sta Articles of Incorporation:	atutes, this <i>Florida P</i>	rofit (Corporation a	adopts the foll	owing au	mendment(
If amending name, enter the new name of the corpo	ration:					
					Th	ie new
ne must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp." "rd "chartered," "professional association," or the abb	Inc." or "Co". A	pany, profes	" or "incorp sional corpo	oorated" or t ration name n	he abbro nust con	eviation tain the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	6)	9.	North	Se merca.	ЫW	,
	<u>ss</u>)	lando	f(32300		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>(</u>	<u>) a</u>	North	Senora	<u>, B</u> į	<i>V</i> 3
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		- TOU			1	
If amending the registered agent and/or registered of new registered agent and/or the new registered office. Name of New Registered Agent		orida.	enter the na	me of the		
	(Florida street addres	s)				
	•			. Florida		
New Registered Office Address:	(City)			Piorida	(Zip Cod	(e)
w Registered Agent's Signature, if changing Registe					.77.	4
ereby accept the appointment as registered agent. I an	n familiar with and a	iccept	the obligatio	ns of the posti	ion. —	9
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Signatur	re of New Registered	Agen	t, if changing			77. 22. Th
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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.

E xample: <u>X</u> Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	<u>like Jones</u>	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_P</u>	Curyne Horry	PO Box 780026
X Add			Orlando Florida
Remove			32878
2) Change			
Add			
Remove			
3) Change		***	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ssary). (Be specific)			
				
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1				
The date of each amendment(s) ad date this document was signed.		-2019		, if other than the
Effective date <u>if applicable</u> :	9-13-201	4		
	(no moi	re than 90 days after a	mendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet t	the applicable statutory		
Adoption of Amendment(s)	(<u>CHECK ON</u>	<u>NE</u>)		
The amendment(s) was/were adop by the shareholders was/were suf	oted by the sharehold ficient for approval.	ders. The number of vo	ntes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for a	oved by the shareholeach voting group en	lders through voting gro	oups. The following statement yon the amendment(s):	
"The number of votes cast f	or the amendment(s)) was/were sufficient for	r approval	
by		n)		
	(voting group	7)		
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of o	directors without sharel	nolder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ited by the incorpora	ators without shareholde	er action and shareholder	
Dated 9-1	5-2019			
<u> </u>	3-2019 Th			
selected,		- if in the hands of a rec	rs or officers have not been beiver, trustee, or other court	
	Kyle	Scott		
_	(Typed or	printed name of person	signing)	
_	Owner	Shireholde (Title of person signi	<u> </u>	
		— Crime or beigon aigilli	15.1	