## P200000 9845

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(Address)			
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MAR 0 7 2020

S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Scott A Arvin PA		
	MBER: P20000009845		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Pam Burns		
		Name of Contact Person	1
	ProActive Tax & Accounting	5	
		Firm/ Company	
	303 SW 140 Terrace		
		Address	
	Jonesville, FL 32669		
		City/ State and Zip Code	2
	pam@proactivecpas.com		
	, -, ,	sed for future annual report	notification)
For further informates Pam Burns	tion concerning this matter, pleas	se call:at (	333-7880
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ā D P	Aniling Address Amendment Section Division of Corporations O.O. Box 6327 Callahassee, 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

## Articles of Amendment to Articles of Incorporation of

Scott A Arvin PA	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P20000009845	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
$\rho / \nu_i$	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.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	2028
	50-7 -
C. Enter new mailing address, if applicable:	SSEE S
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<u> </u>
D. If amending the registered agent and/or registered office ac	idross in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent 1814	
	·
(Florida	street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.
Signature of Man	Registered Agent, if changing
	regimered Agent, 9 changing
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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Pam A Burns	18327 NW 39th Place
Add			Newberry, FL 32669
X Remove			
2) Change	P	Scott A Arvin	18327 NW 39th Place
X Add			Newberry, FL 32669
Remove 3 ) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change		_	
Add			
Remove			

· ·	ssary). (Be specific)		
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		<del> </del>	
<u> </u>			
16	1 1 15 4		
If an amendment provides for provisions for implementing t	an exchange, reclassification he amendment if not contai	n, or cancellation of issued ned in the amendment its	<u>i snares,</u> elf:
(if not applicable, indicate	N/A)	area in the minimum in its	<del></del>
Alc			

The date of each a	mendment(s) ad	02/11/2020 option:	, if other than the
late this document	was signed.		
Effective date <u>if a</u> p	oplicable:		
		(no more than 90 days after ar	mendment file date)
		ock does not meet the applicable statutory artment of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amen	idment(s)	(CHECK ONE)	
The amendment action was not re		ted by the incorporators, or board of direct	tors without shareholder action and shareholder
		ted by the shareholders. The number of volicient for approval.	otes cast for the amendment(s)
must be separat	tely provided for e	oved by the shareholders through voting grach voting group entitled to vote separated	ly on the amendment(s):
"The numb		or the amendment(s) was/were sufficient for	or approval
by		(voting group)	·"
		(voting group)	
<b>.</b>	02/11/20		
	Signature 2	R	
	selected	ector, president or other officer – if directo by an incorporator – if in the hands of a red d fiduciary by that fiduciary)	
	1	am Burns	
	-	(Typed or printed name of perso	on signing)
	1		

(Title of person signing)