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TO: Amendment Section
Division of Corporations
NAME OF CORPORATION

NAME OF CORPORATION	SHAYNA J	JUHMSON, APR	N, CORP
DOCUMENT NUMBER:	P200000	z3585	
The enclosed Articles of Amen	dment and fee are sub	omitted for filing.	
Please return all correspondence	ee concerning this mat	ter to the following:	
	SHAYNA	Name of Contact Person	APRIL CORP
	SHA	Firm/ Company	APAN, CORP
		1 -	
	33825 5	Address	-
	LEESBUR	F FL 34788 City/ State and Zip Code	
	- 11 - 11 - 1	City/ State and Zip Code	2
E-r	Shaynaji nail address: (to be us	ed for future annual report	notification)
For further information concer	ning this matter, pleas	e call:	
Itayun da	ywsw.	at (23 1	760 - 733 o de & Daytime Telephone Number
Name of Conta	et Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made I	payable to the Florida Depa	artment of State:
	643.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ade Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment

to Articles of Incorporation

of	•
SHAYNA J. JOHNS	ON, APRN, CORP
(Name of Corporation as currently filed with	the Florida Dept. of State)
	P200000 23585
(Document Number of Corporation	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," a "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A profession "chartered." "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation "Corp.," nal corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	ida, enter the name of the
· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	
(Florida street address)	
· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: (City)	, Florida (Zip Code)
15.00	(sup cour)
Non-Designated Assessed Assessed Co. 18 18 18 18 18 18 18 18 18 18 18 18 18	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and acc	cept the obligations of the position.
	21 HÁŤ 2
Signature of New Registered Ag	5.
•	gent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	$oldsymbol{arphi}_{oldsymbol{arphi}}$
(11) (c), r.s.	r.

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.

X Change	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	SHAYNA J JOHNSON	33825 SECRETHILL DO
Add			LEESBURG FL 34788
Remove			
2) Change			
Add			
Remove 3) Remove			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding add Attach additional sheets, if	necessary).	(Be specific)		
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		<u> </u>		· · · · · · · · · · · · · · · · · · ·
lf an amendment provide:	for an exch	nge, reclassification, or can	cellation of issued shares,	
(if not applicable, indi	ing the amen	dment if not contained in th	e amendment itself:	
	,			
· · · · · · · · · · · · · · · · · · ·				
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The date of each amendment(s) adoption: 05/19/202/ if other than
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 a 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 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 east for the amendment(s) was/were sufficient for approval
by ."
by" (voting group)
Dated
(By a director bresident 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)
SCHAUNCA T BHNSUN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

the

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